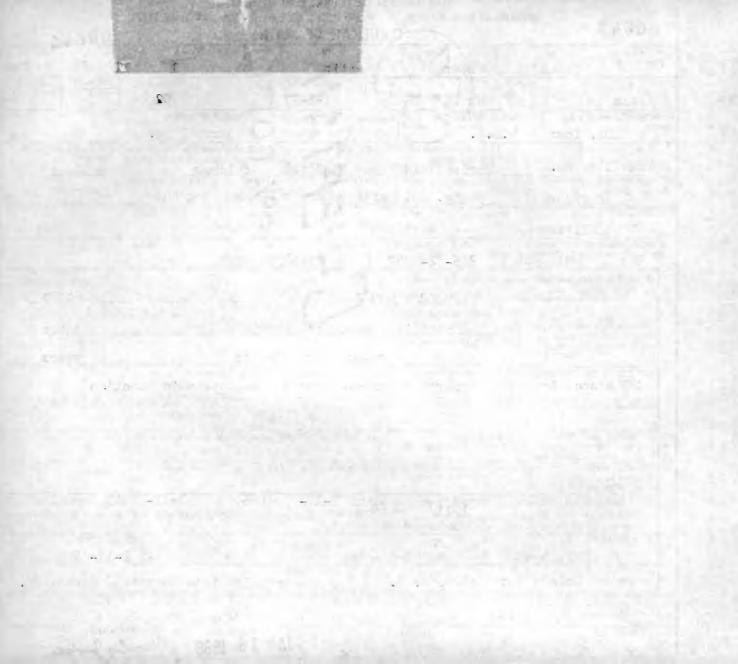
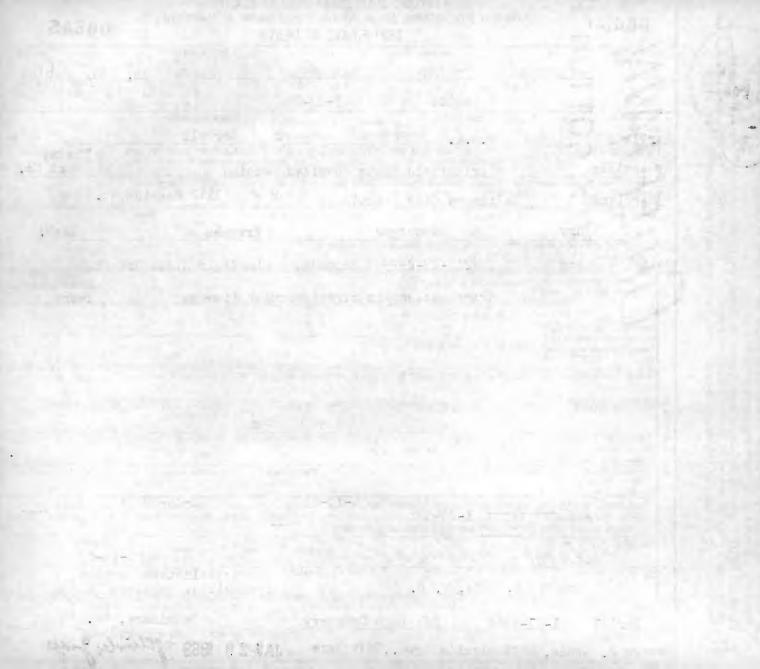
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00649 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20 DATE OF DEATH 2b. HOUR puo (Type or print) 8:30am Austin James Monroe ourial-transit permit. Then please remove tarban papers. Pages, I burial, cremation, ar removal, and in any event, within 72 hours after S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX 4 RACE 6. AGE (In years lost history) DAYS Male White 1-1-77 ? 76. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Carroll Co. USA. Iowa U.S.A. WIDOWED K DIVORCED [ filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress)
Springfield State Hospital during most of working life, even if retired.)

Butcher INDUSTRY Sykesville, Md. Rompletelly 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER uted Montg. Co. Gaithersburg YES Box 445 Maryland IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle First Middle Lost puo ATTENDING PHYSICIAN: The law requires that the death certificate be 2 2 William Austin Jenney physician c 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Wold War I Yes, no or unknown) 265-22-9749 Hospital Records APPROXIMATE INTERVA attending parents. The 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Bronchopneumonia days IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Generalized arteriosclerosis vears rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying couse Arteriosclerotic heart disease ye ars PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CBS associated with cerebral arteriosclerosis with psychotic reaction TO FUNERAL DIRECTOR: After this certificate has been detached for use as the te Dept, of Health prior ta 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO | 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) be detached State Dept. c 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I **certify** that XI) (this haspital) attended the deceased from 5-18-, 19.65, to 1-11-, 19.69, that XI) (we) last saw the deceased alive an 01/11-19.62, and that in (XI) (aur) apinian death accurred an the date and haur and from the director, page 3 shauld should be filed with the causes stated abave, (1), (we) (did) (did tot) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE 1-11-69 PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Moises Sucholeiki, M. D. Springfield State Hospital, Sykes, Md. 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION. (County) (Stote) REMOVA (Specify) ANDTI BURRD U. of MD REC'D BY REGISTRAR 25b. FUNERAL DIRECTOR 1969

MAKTLAND STATE DEPAKTMENT OF REALTH





MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00646 00651 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2g. DATE OF DEATH and 2 death. requires that the death certificate be executed within 24 hours after death. The funerol (Type or print) CHARLES BARNES B. fler 4. RACE S. DATE OF BIRTH 3 SEX 6. AGE (In years last\_birthday) DAYS HOURS MONTHS 1 White Aug. 20, 1893 Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED (duntry) Maryland = U.S.A. WIDOWED | DIVORCED [ Carroll n ony event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR darroll Co.Gen. Hospital Carpenter-retired Westminster buriol, cremation, or removal, and in ony event, 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Carroll NO . YES Maryland Finksburg IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Last and Lloyd G. Ida Williams Barnes 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, not or unknown) (If yet grower audates of service) 213-18-8802 Mrs. Kathryn A. Barnes Same As #1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. MYOCARDIAL FAILURE Conditions, if any, which gave DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p ATHEROSCLEROTIC HEART rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse: PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) State Dept. of Health prior to for use os the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO T 21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year should be detoched (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (1) (this hospital) ottended the deceased fram 12/28, 1968, to 1/13, 1969, that (1) (we) last director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did nat) view the bady after death. SIGNATURE 22c. DATE SIGNED DIRECTOR PHYS PHYSICIAN'S 22e. ADDRESS NAME (Type) Vincent J. Fioceo Westminster, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) 1-16-1969 Mt. Pleasant Cemetery Gamber . Carrol 24. FUNERAL DIRECTOR RECDIBACEGIA 1969 C. M. Waltz, Box 241, Sykesville, Md.

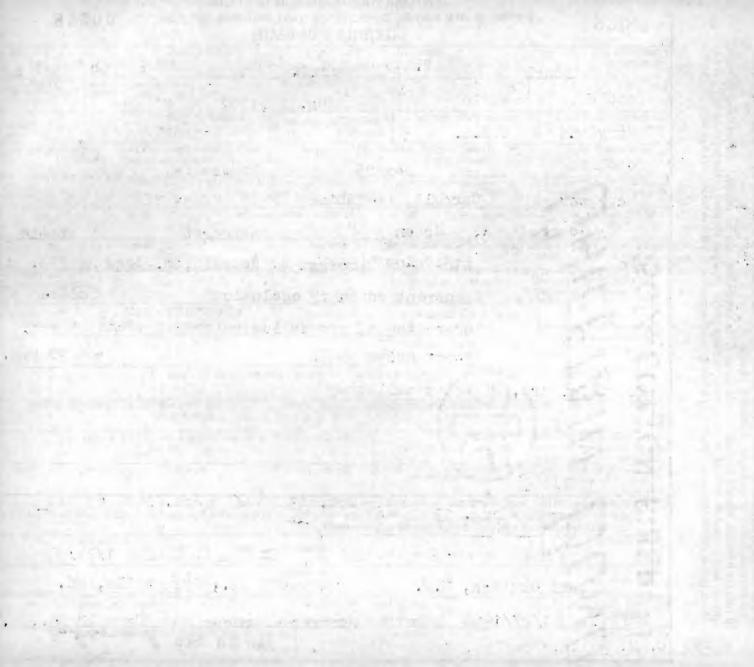
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	R .	MARTLAND STATE DEPARTMENT OF REALTH	
or to		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0647
to the same of the		00652 CERTIFICATE OF DEATH	0031
110 : 20 :	1 D	DECEASED-NAME First Middle Lost 2a, DATE OF DEATH	2b. HOUR
haurs after death.  a by the funeral  c. Pages 1 and 2  thours after death.		(Type or print) RHODA ANNA BARNES Manth Day	1001 - 1001
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phy hen hava			HINSEK IND
and The		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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The second		22a. I certify that (ID) (this haspital) attended the deceased from 50, 1967, and that in (my) (aur) apinion death accurred on the date and	_, that (I) (we) last
OR ATTENDING be retained by OIRECTOR: After le 3 should be ed with the Stat		saw the deceased alive an 1969, and that in (my) (aur) apinion death accurred on the date an causes stated above (I) (we) (did (did not) view the bady after death.	d hour and from the
ATTENE erained CTOR: A should rith the			
With With		22b. SIGNATURE 22c. DATE S	IGNED .
o e e e e e e e e e e e e e e e e e e e	1	William R Chouche MD DEGREE PHYS. MED. DIRECTOR DIRECTOR PHYS. DIRECTOR DIR	20/67
AL AL		22d. PHYSICIAN'S NAME (Type)  22e. ADDRESS	
TO HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspit TO FUNERAL DIRECTOR: After this certifi director, page 3 should be detached should be filed with the State Dept. of			
HO Feet	23a	O. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) P. D. (Col	unty) (State)
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		stating the underlying cau last,	DUE TO, OR AS A CO	NSEQUENCE OF	ve ASCVD				yrs.
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	CERTIFICATION		9b. CONDITION FOR WHICH OPE	RATION WAS PERFOI	YES 🗆	NO 🗆 C	Ob. IF YES, WERE FINDINGS CO AUSES OF DEATH?		TIFYING
	MEDICAL CE	21a. ACCIDENT WAS UNDER! ☐ OR CONTRIBUTING ☐ CAUSE OF (If either, natify medical exc	DEATH HOUR A.M. Mont	h Day Year 19			finjury in Part 1 ar Part 2, 1	tem 18.)	
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		22b. SIGNATURE	ani Ohn	Juran			STAFF 22c. C	DATE SIGNED	9
		22d. PHYSICIAN'S NAME (Type) Sani	Okutman, N				Sykesville	e, Md.	
	23a.				ETERY OR CREMATORY		CATION (City or Town)	(County)	(Stote)
	0.4	PEMOYALISDECTY)  FUNERAL DIRECTOR	1/27/1969	Lakevie	w Memoria	1 Garden	S Cari	coll Co	Md.
	C.	M. Waltz.	Box 241. S	vkesvil	le. Md.	JAN 28	AR 1969 25b. REGISTRADES	1	

MAKTLANU STATE DEPAKTMENT OF HEALTH



,	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	l	CERTIFICATE OF DEATH
death. nerol ond 2 death.		ECEASED-NAME First ClayTon Bloom 20 DATE OF DEATH Type or print) JAMES ClayTon Bloom Month Doy Year 26. HOUR
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1 in by		BIRTHPLACE (Stote of foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   NEVER MARRIED   19 COUNTY OF DEATH   NEVER MARRIED   NEVER MARRIED
executed within 24 hydroconnected within 72h	-	ITY OR TOWN OF DEATH  II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even freyred)  II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even freyred)  INDUSTRY
omplete	13o. odm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NOTIBER 13b COUNTY CARROL WOSTON YES NO 85 W. MAIN ST.
Do exe on ond ce temo	14.	FATHER'S NAME GRANVILLE Bloon IS MOTHER'S MAIDEN NAME FIRST MIDDLE WEBSTER
hysician n please val, and		(es, no objunknown) (11 yes give wor or dotes of service) 214-01-066 Royman J Bloom J. Uniontous mo
D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 leads 4 may be retained by the hospital or ottending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in director, page 3 should be detoched far use as the burial-transit permit. Then please remove carbon pages should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72.		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave anset to immediate cause (a), stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
Poge 4 may be retained by the hospital or ottending physicion.  To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched far use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state Dept.	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
The low rottending bus been lise os the the prior to	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 290. AUTOPSY?  YES NO (CAUSES OF DEATH?)  290. AUTOPSY?  YES (CAUSES OF DEATH?)
IDING PHYSICIAN: 1 d by the hospital or After this certificate 1 be detoched for us 5 State Dept. of Healt	MEDICAL CE	216 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. Manth Day Year  (If either, notify medical examiner)  P.M. 19
G PHYS the hos this ce detoche	W	21d. INJURY OCCURRED  21e PLACE OF INJURY (AT HOME, FARM, STREET, TACTORY.)  21f. LOCATION Street or R.F.D. No City or Town County State of work of work
TENDIN ined by OR: After ould be the Stat		220. I certify that (1) (this hospital) attended the deceosed from 124, 1966, ta 177, 1969, that (1) (we) last saw the deceased alive an 1969, and that in (our) opinion death occurred on the date and haur and from the couses stated abave (1) (ve) (did) (did nat) view the body after death.
TO HOSPITAL OR ATTEN Poge 4 may be retoined FUNERAL DIRECTOR: director, page 3 should should be filed with the		226 SIGNATURE  Dean 21 Suff DEGREE PHYS   MED.   STAFF   3 JAN 69
DSPITAL 4 moy NERAL Hor, pa	-	22d. PHYSICIANS DEAN H. GROFFIA, MD. 120 ADDRESS 120 Rd. Westmanter Ad
TO HC Poge TO FU direc	230	BURIAL CREMATION, 236. DATE 23c. NAME OF CREMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)  PERMITIVAL (Superity) 1/6/68 MEADOW/BRANCH WESTMIN'S FER CARROLL MD  EUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
OM REV TAN	29	L. E. myero- grywistminter, md. DAUAN 7. 1969 Fliences Judge.



_	1	MARYLAND STATE DEPARTMENT OF HEALTH	
, ;	П	00655 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00000
1		CERTIFICATE OF DEATH	00650
€ -2€		DECEASED NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
er death funeral s 1 and ter death	1	(Type or print) EVA JANET BOLLINGER Month Doy	Year 5 AM
fun 1	3. 5		IF UNDER 1 YEAR  IF UNDER 24 HRS.
The law requires that the death certificate be executed within 24 haurs after death, attending physician.  Has been signed by the attending physician and domplesely filled in by the funeral se as the burial-transit permit. Then please remove carbon papers. Pages I and 2 th priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death.		FEMALE WHITE CCT. 15 1921 lost birthdoy) YRS.	MONTHS DAYS HOURS MIN
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हैं। अंह है	130	JSUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d WISIDE CITY LIMITS? 13e STREET AND NUMBER	
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are and	160	a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Address	SAME
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OR ATTENDING be retained by the JIRECTOR: After the 3 should be died with the State	L	DEGREE PHYS DEGREE PHYS DIRECTOR DIRECT	DATE SIGNED
M o po		22d, PHYSICIAN'S 22e, ADDRESS 19 1/2 10/6 F 13	000
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exectly be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and directar, page 3 shauld be detached for use as the burial-transit permit. Then please remaishould be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any		NAME (Type) DANIR - L. WELLIVER WESTMINSTE	R MD.
HOS Be 4 FUN ould	230	O BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
5 5 5 € € W	1	REMOVALISPENTY) 1/15/69 PROVIDENCE CEMERON FINKSRUPE	- RD #2 Md
VRAIGAIN	24	FUNERAL DIRECTOR ADDRESS 250, REC D. BY REGISTRAR 256 REGISTRAR'S	SIGNATURE 7
30M REV 168		4 2 Marino A. Wat Willander Marin 15 1969 gelland	by Judge.

4 4 \* •

,		MAKTLAND STATE DEPARTMENT OF HEALTH
<del></del>		0065, DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ) 8651
/		CERTIFICATE OF DEATH
5 65		DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b HOUR
er deat funeral i ond er deat	(	(Type or print) HILDA NAOMI BOLLINGER Jan Manth 1 Day 18 Years 4 10 M
er er	3. 5	EX 4 RACE 5. DATE OF BIRTH 6. AGE (In years   17 UNDER 24 HRS
executed within 24 hours after death at completely filled in by, the funeral smove corbon papers. Pages 1 and 2 any event, within 72 hours after death		FEMALE NHITE JULYI, 1900 lost birthday) YRS MONTHS DAYS HOURS M.N
ano and ano		BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
d in Jers.	ίου	MARYLAND 11.5. a. WIDOWED & DIVORCED   CARROLL CO- Md
e e e e e e e e e e e e e e e e e e e	10.	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  220 USUAL OCCUPATION (Kind of work done give street gidness).
executed within 24 hand completely filled in remove corbon pagers.		VISIMINSTER CARROLL CO- LITTO HOST SALES CLERK STORE
e get a		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN ISSUE CITY UNITS? 13e. STREET AND NUMBER (NITS) STATE AND NUMB
6 8 8 8		MARKOLL WESTMINSTER 134 BOND 11.
	14	FATHER'S NAME First Middle Last IS MOTHER'S MAIBEN NAME First Middle Last
be o un o se lo d'in		SAMUEL BEAM OLA RAVER
ertriicote b physician on please ovol, ond i		WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no ar unknown) (If yes give war or dates of service)  17. INFORMANT  220 - 34 - 665 SOCIAL SECURITY NO  17. INFORMANT  220 - 34 - 665 SOCIAL SECURITY NO  17. INFORMANT  220 - 34 - 665 SOCIAL SECURITY NO  17. INFORMANT  220 - 34 - 665 SOCIAL SECURITY NO  220 - 34 - 665 SOCIAL SECURITY
phy en ovo		NO - 34 6600 //ARKY L. PULLINGER MESTMINGTER, MA
ne death cer attending p permit. The		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY
ne death attendii permit. ion, or re		IMMEDIATE CAUSE (a)
ath peri		DUE TO, OR AS A CONSEQUENCE OF
the the ratio		Conditions, if any, which gave rise to immediate cause (a). (b)
transport	L	stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF
equires the physicion signed by buriol-trailed buriol-trailed buriol-trailed buriol, cre	П	last. (c)
equires that the physicion. signed by the buriol-transit purion, cremative		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
the tro	8	The substance of the su
e la tend os b prio	CERTIFICATIO	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The safe X	ERTI	YES NO ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 1216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
ANA olo olo ficat for Hec	동	OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year
SICI Spit Spit Ped Ped Tof	MED (	[If either, notity medical examiner)   P.M. 19
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician of director, page 3 should be detached for use as the buriol-transit permit. Then please is should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in	-	21d. NJLRY OCCURRED While Not while at work at work of the part of
N T T T T T T T T T T T T T T T T T T T		
ATTENDING etained by the CTOR: After t should be d		220. I certify that (i) (this hospital) attended the deceased fram
OR: In the state of the state o		causes stated abave, (I) (and) (did) (did) view the body after deoth.
Marie Paragraphic Annual Paragra		226 SIGNATURE ATTENDING MED STAFF CO 222 DATE SIGNED
OR be re		John S. January Comp DEGREE PHYS. DIRECTOR PHYS. 1/1/65
ITAI moy RAI per be fe	1	22d. PHYSICAN'S NAME (Type) SOHN S. HARSMEY M.D. & anchon St. Westweeter, and
Sector Se	72-	BURIAL (REMATION, 23b. DATE 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City of Town) (County) (State)
TO HOSPITAL Poge 4 moy b TO FUNERAL D director, page should be file	230	MANUAL (SOCIAL) 1/15/69 MEADON BRANCH WE (TON IN) (TER BADDALLE MI
	24.	FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 256. REGISTRAR 5 SIGNATURE
VR A15 (1) 0 30M REV. 1268		2. 2. marino A. West printer, Md. DATE AN 15 1968 House
V		The state of the s



_	1						EPARIMENT OF					
1		00657	DIVI	ISION OF VI			STON STREET, BAL		RYLAND 212	201	0052	
	L					.ERTIFICA	TE OF DEATH					
		ECEASED NAME Ype or print)	First FVA		Middle	13.	INNER	20. DATE O	F DEATH Month	Dov	Yeor	2b. HOUR
					M.				/	23	69	873 W
	3. 5	FEMA.		RACE W	HITE		DATE OF BIRTH  MARCH 2	1,1890	6. AGE (In year last birthday)	YRS. IF U		F UNDER 24 HRS. HOURS MIN
Ĺ		BIRTHPLACE (State or fe	oreign 7b. Cl	TIZEN OF WHAT		8. MARRIED	NEVER MARRIED	9. COUNTY O				
	L	" MARYL	AND	11.5		WIDOWED 💆			RROLL			Md.
		ITY OR TOWN OF DEAT		give_stre	OF HOSPITAL OR INS et oddress)		during		N (Kind of work	rred ) 1	2b. KIND OF BU NDUSTRY	
	120	USUAL RES DENCE (Wh	TER_	049	RROLL LI	CIEN	HOCHT WA	UCE-WIT	Z-MNDN	1GR. 0	F CAFA	TERIA
	odm	ission) STATE MAK	EVLAND 13b	COUNTY	RROLL PROPERTY	WESTM	1	NO 136 2	TREET AND NUMB	PASE	57.	
	14.	ATHER'S NAME F	rst	Middle	Lost		OTHER'S MAIDEN NAME		Mid	ldle		Lost
			OSEPH		WAR			NNIE			POOLE	<i></i>
		WAS DECEASED EVER I es, no, or unknown)	N U.S. ARMED FOI (If yes give war ar date		b. Social Security N	-		101/	Addi	ress	WESTA	MINISTER
	-		<u> </u>		217-28-		MRS. BLA	NCHE	BROIM	tro,	RAHL	MD.
		18 CAUSE OF DEATH PART I, DEATH W					A				APPROXIMAT BETWEEN ONSE	T AND DEATH
		1 + 1	IMMEDIATE CAU	1 1	CEREBR	AL L	PSCULAR	INI	UFACIE	NEY	1 m	0.
		Conditions, if any, wi			CONSEQUENCE OF	0 4 4	1 - 1 -			_ ′ [		,
		nse to immediate co	ouse (a), (		CEREBA A CONSEQUENCE OF	LAL_	ARTERI	OSCLER	20515		YEAR)	
		stating the underlyii	ng rause	(c)	A CONSEQUENCE OF							
	ı	PART 2. OTHER SIGNII	FICANT CONDITION		G TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL DISEASE OF	CONDITION GIV	EN IN PART I(o)			
	22		BRONG	HOP	NEUMO	ina						
	ATIO	190. DATE OF OPERATIO	N 19b. CONDIT	ION FOR WHICH	OPERAT ON WAS PER	RFORMED	20a. AUTOPSY?		F YES, WERE FIND	INGS CONSIE	DERED IN CERT	TIFYING
	CERTIFICATION						YES NO [	CAUSE	S OF DEATH?			
		21a. ACCIDENT WAS		216 TIME OF IN		21c. HOW	INJURY OCCURRED (Ent	ter nature of my	ury in Part 1 or F	ort 2, Item	18.)	
	MEDICAL	☐ OR CONTRIBUTING ☐ C (If either, notify medi	ical examiner)	P.M.	Month Day Year 19							
l	₹	21d. IN. JRY OCCURRE While Nat while at work at work		101	FICE BUILDING, ETC.	1	TION Street or R.F.D. N		y or Tawn		ounty	Stote
		22a I certify the	it (i) (this has	pital) attend	led the decease	d fram	12/25 , 19/ hot in (my) (aur) ap	6d, ta	1/23	, 19.69	, that <u>(</u> (	(we) lost
		saw the ged	eosed alive o	n	d not) view the b	9 <u>427</u> , and t	hot in (my) (aur) ar	pinian death	occurred an t	he dote a	nd hour on	d from the
		22b Signature	d 000ve, <u>(1)</u> (	we) (did) (di	d hor) view life t	Jody uner det	,,,,			22c. DATE	SIGNED	
	15	Miner	57 A.	· Bran	a Q	MARKE	ATTENDING PHYS	MED DIRECTOR .	STAFF PHYS	1/2	2/1/5	
	1	22d PHYS CIAN'S NAME (Type)	0		0	7010	22e. ADDRESS	PINCE I GI	11113	1,70	3167	
	23a	BURIAD CREMATION,	23b. DATE	. //-	23c NAME OF C			23d LOCATI	ON (C'ty ar Tawn	) (Co	ounty)	(State)
	1	REMOVAL (Specify)	1/2	6/69	PROVI	DENCE	CEMETERY	GAM.	BER. C	ARROJ.	LGO. 1	MD.
	24.	FUNERAL DIRECTOR	0	10.	ADDRESS	/	250 REC'D	BYCHEOTETRAPO	69 256 7 LOK	<b>FACRY-</b> 图像	ATURACA	A
		7. 2. /h	1901019	Mesi	minelle	, md.	DATE		,		•	



1. 1	0658 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
16	*0655 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 52653
. 61.	
death neral and 2 death	1. DECEASED NAME First Middle Last 2a. DATE OF DEATH  (Type or print) Noah W. Bosley Manth Doy Year 9
after the fur ges 1	3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YOURS WINDER 24 HRS. 10ST ON HOURS MIN OAYS HOURS MIN
haurs Pa S. Pa	70. BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED 55 NEVER MARRIED 9. COUNTY OF DEATH
24 in per per 72	Md. USA WIDOWED DIVORCED CETTOTT Md.
d within 24 haurs after death.  etely filled in by the funeral propers. Pages 1 and 2 nt, within 72 haurs after death.	Westminster  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b Kind of Business OR 12b Kind of Work done 12b Kind of Business OR 12b Kind of Work done 12b Kind of Business OR 12b Kind of Work done 12b Kind of Work d
5. ( 2 2 3 / 1	13a LSJAL RESIDENCE (Where deceased I'ved, if institution Residence before odmission) STATE Md. 13b. COUNTY Carrolli Hampstead YES NO 36 N. Main St.
equires that the death certificate be exec physician. signed by the attending physician and ca burial-transit permit. Then please remo burial, cremation, ar remaval, and thany	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost  Noah A. Bosley Violet Harriss
ian ian aase	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Address
tifica thysic n pfe val, c	Yes, newbunknown) (1 yes give wor or dates of service) 2/9-/2-2252 Mrs. William Frederick Hampstead, Md.
ng p	18. CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c))  PART I DEATH WAS CAUSED BY-
eath endi	PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS 3 DAVS
he d attr per jan,	Conditions, if only, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave)
oat f  / the nsit	rise to immediate couse (a), (b)
equires that the physician. signed by the burial-transit burial, cremati	stating the underlying couse DUE 10, OR AS A CONSEQUENCE OF
quin phys signe burio burio	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ling sen rta	E PNEUMONITIS
PHYSICIAN: The law requires the haspital ar attending physician, his certificate has been signed by stached for use as the burial-tradent of Health priar to burial, cre	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Finite patters of injury in Part 1 or Part 2 (from 18.)
AN: That a cate he cate he or use	
SICL spitc errifi ed t	[if either, notify medical examiner)   P.M. 19
OR ATTENDING PHYSICIAL be retained by the haspital SIRECTOR: After this certifice e 3 shauld be detached for ed with the State Dept. af He	While Not while of work of work
DING by the After the be de State (	22a. I certify that (1) (this haspital) attended the deceased from
OR: ould	causes stated abave, (1) (we) ( <u>did</u> ) (did nat) view the bady after death.
R AI refo	226 SIGNATURE 226. DATE SIGNED STAFF 226. DATE SIGNED
N OR y be r point of the point	22d PHYSICIAN'S 22e. ADDRESS
FRA ma	NAME (Type)
Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta	230 BURIAL (REMATION, BURPTED 23t NAME OF CEMETERY OR (REMATORY Hampstead Carroll Co. Md.
VR A15 (4) 30M REV. 1/68	24 FUNERAL DIRECTOR Tipton - Eline Funeral Home Hampstead, Md.  250 JAN BY REGISTRANS 69 256 PROSTRANT TO ALLER DATE



<sub>1</sub> 1		DIVISION OF VITAL RECORDS, 30	HAIE DEPAKIMENT UP I		
	99653		TIFICATE OF DEATH	IMORE, MARTEANO 21201	00854
ī	. DECEASED-NAME First (Type or print) Harr		lost Brewer	January Month, 196	2b. HOUR 8:30A
3	.sex Male	4 RACE White	5. DATE OF BIRTH  4-14-02	6. AGE (In years	FUNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
. 7	o. BIRTHPLACE (State or foreign ountry) Maryland		MARRIED NEVER MARRIED X	9. COUNTY OF DEATH  Carroll Co	ninta. Mo
	O CITY OR TOWN OF DEATH Sykesville	II NAME OF HOSPITAL OR INSTITU Springfield Sta	te Hospital Mat	AL OCCUPATION (Kind of work dane ost of working life, even if retired) hematician	12b KIND OF BUSINESS OR INDUSTRY
] a	3a. USUA. RES-DENCE (Where decea dmissian) STATE Plaryland	ised lived, if institution Residence before 13c 13b COUNTY Hashington H	CITY OR TOWN 13d. INSIDE CITY I		
1	4 FATHERS NAME First Frank R.	Middle Last	15. MOTHER'S MAIDEN NAME I		Last
1	6a WAS DECEASED EVER IN U.S. AR. Yes, na, or unknown) (If yes give to	MED FORCES? 166. SOCIAL SECURITY NO.	17 INFORMANT	ie Stouffer Address ngfield State Hos	-11-7
=	PART I DEATH WAS CALISE	ly ane cause per the far (a), (b), and (c).)		TIND BIG SERIE HOS	BETWEEN ONSET AND DEATH
	Candilians, if any, which gave rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF  (b) Erosion of blood Due to, or as a consequence of get a con	ood vessel in the	floor of large	Viecks
	PART 2 OTHER SIGNIFICANT (O	(c) (c) (d) NOTE OF THE BUT NOT RE	LATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
	Schizophrenic 190 DATE OF OPERATION 196 210 ACCIDENT WAS UNDERLYS	reaction, paranoid CONDITION FOR WHICH OPERAT.ON WAS PERFOR	MED 20g AUTOPSY?  YES X NO	20b (F YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M., Manth Day Year ner) P.M. 19		r nature of injury in Part 1 or Part 2, 1	tem 18)
	While Not while	PLACE OF INJURY (AT HOME FARM, STREET FACTORY, OFFICE BUILDING, ETC			Caunty State
	22a. I certify that (I) (the saw the deceased concess stated above	is hospital) attended the deceased f live an 1-25-196 a, (I) (we) (did) (did nat) view the bad	rom <u>12</u> 23., 19. 9., and that in (my) (aur) ap y after death.	18, to 1_25_19 inian death accurred an the da	69 , that (I) (we) las te and haur and from the
	225 SIGNATURE COLA	in a Phuzin.		ATA TO ATA	DATE SIGNED 27-69
	22d. PHYSICIAN'S NAME (Type) Octa	vio A. Ruiz, M.D.		ld State Hospital	
- 1	DEMOVAL (Specify)	DATE 23c NAME OF CEME /29/69 Funksto	TERY OR CREMATORY WN Cemetery 250. REJA	23d LOCATION (City or Town) Funkstown Was	(Caunty) (State)
à l'		rstown Md ADDRESS Offman Funeral Ho	me Inc DATE	REGISTAR 13 d 356 REGISTRARA	Harry nage

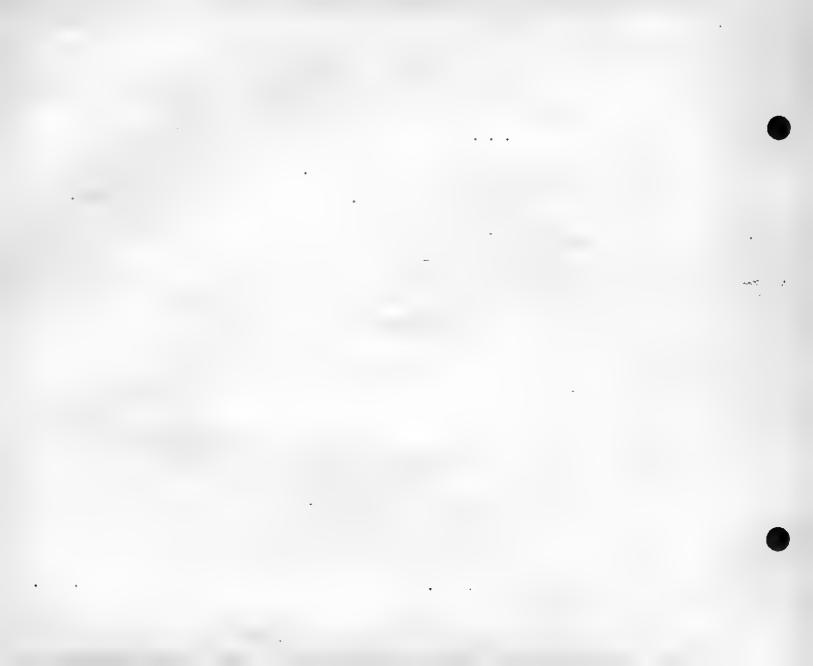




	ı		DIVISION OF		D STATE DEPARTM 301 W. PRESTON STI			201		
		30361			ERTIFICATE OF				0065	6
		DECEASED NAME Fir		Middle	Lost	2	o. DATE OF DEATH Month	Day	Vace	2b HOUR
		Thec		nmn	BURGESS		January	17,	1859	9:15 p
	3. 5	<del></del>	4 RACE		S. DATE OF BI		6 AGE (In ye last_buthda		IF JUDER YEAR MONTHS DAYS	HOURS MIN
	L	female	whit			-01.92	<u>xfx/</u> 7	6 YRS.		
	7o.	BIRTHPLACE (Stote or foreign intry) New York	75. CITIZEN OF W	/HAT COUNTRY?	8. MARRIED   NEVER MAR WIDOWED   DIVOR	RIED 7 C	Carroll			Md
2	10.	CITY OR TOWN OF DEATH Sykesville	11.1	NAME OF HOSPITAL OR INS street address) printfield	TITUTION (If not in hospital State Hospit	120 USUAL O	CCUPATION (Kind of wor	k done etired }	12b. KIND OF B INDUSTRY	
J	130	USUAL RESIDENCE (Where decension) STATE	osed lived, if instite	itian Residence before	Balto.27.219	13d. INSIDE CITY LIMPES?	13e STREET AND NUN	ABER	ing Ave	nue
2	14	FATHER S NAME First	Middle	Last		AIDEN NAME First	M	iddle		Last
I		Joseph		Tasuer		oria Las				
	160	Yes, no or unknown) (If yes an	RMED FORCES? e war or dates of service;	217-20-83		- Sprin	Ad ngfield Stat	dress P IIO		ATE INTERVAL
		Conditions, if only which gaverise to immediate cause (of stating the underlying causes)	DUE TO, OR  (b) (c) (c) (d) (d)	AS A CONSEQUENCE OF COPONARY he AS A CONSEQUENCE OF Arterios 21 CUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	L DISEASE OR COND				
	TION	CBS assoc. Wi		ral arte 13 c HICH OPERATION WAS PE			20b. IF YES, WERE FIN		NSIDERED IN CER	RTREVING
J	CERTIFICATION				YES 🗆	NO ⋥	CAUSES OF DEATH?			
	MEDICAL CER		EATH HOUR A.M.	Manth Day Year		2.4	ture of injury in Part 1 ar	Part 2, It	em 18.)	
	M	While hat while at work			TORY ) 21f LOCATION Stree		City ar Town		Caunty	State
		22a I certify that (i) ( saw the deceased causes stated abo	this haspital) at alive an ve, (i) (we) (did	tended the decease (-0) (did nat) view the	ed fram 12-6-6 9, and that in (m bady after death	y) (aur) apinia	n death accurred an			(I) (we) lost nd from the
		226 SIGNATURE	Con	erent	ATTENDIF	□ DIREC			ATE SIGNED	
T. Assessment		22d. PHYSICIAN S NAME (Type) N. A. A.	210 E.	COMAS	22e ADD	Syks	ingfield Sta esville, Mar	mrl an	d ?179]	
	230	BURIAL, CREMATION, 231 REMOVAL (Specify)	1/18/69		CEMETERY OR CREMATORY		3d LOCATION (C.ty or Tov Baltimore	vn) B	(County) Saltimor	(State) e Md.
And a State of	24	FUNERAL DIRECTOR	1 10		land Memorial	25a REGD BY P	GISTRAR 19692Sb. RE	TEARS,	UNATUR AGOS	2
8		Wm Cook- Br	coks In	1050 York	Rd Towson	DATE	T 1900		0 0	7



MAKYLAND STATE DEPAKTMENT OF HEALTH

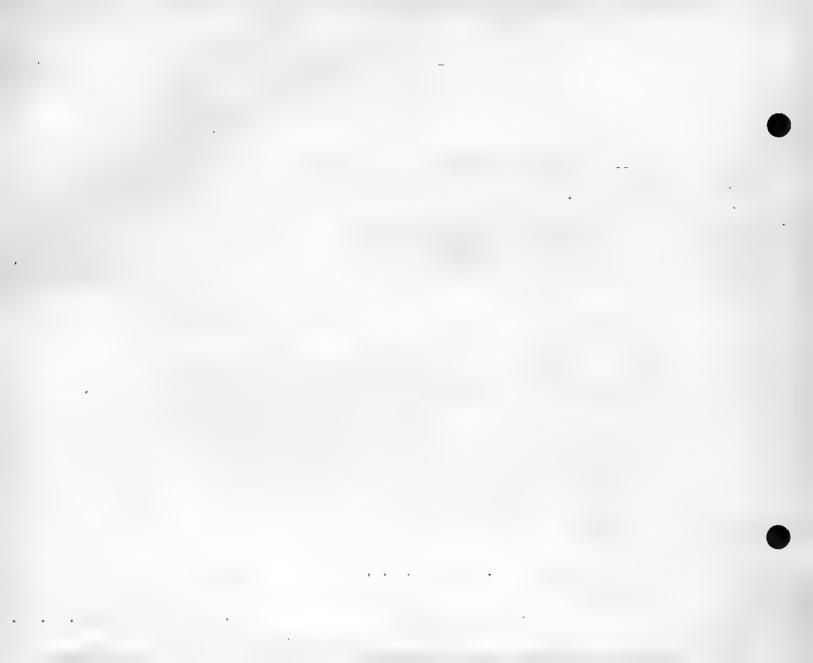


					IN STATE DELAKTWE				
		:10665	DIVISION		301 W. PRESTON STRE		ARYLAND 21201	0058	
					CERTIFICATE OF D				
		CEASED-NAME  ype or print)	First	M.ddle	Lost		OF DEATH  Manth _ Doy	4 Year 4	HOUR
		Be	ssie	f:	Carlyle			6 69 7	Oam
	3 SE	-	4 RACE	1 - 1	S. DATE OF BIRT		6. AGE (in years last birthday)	IF UNDER 1 YEAR	24 HRS
		remale	U	hite	MARC		2 66 YRS.		
	7a B coun	IRTHPLACE (State as fareig	n 7b CITIZEN OF	WHAT COUNTRY?	8 MARRIED 🖂 NEVER MARRI	IED 7. COUNTY			
	COOM	"" Ni C	C. 5	A	WIDOWED DIVORCE	ED CA	RRULL		Md.
rda	10. C	ITY OR TOWN OF DEATH	11	I. NAME OF HOSPITAL OR IN	STITUTION (If not in haspital		ON (Kind of work done	126 KIND OF BUSINESS INDUSTRY	OR
	5	ykesville		ive street address)	ite Ave	auring most at worki	ng life, even if retired)	HO MIC	
06	13a.	USUAL RESIDENCE (Where issign) STATE	deceased lived, if inst	itution Residence befare			STREET AND NUMBER		
/6	ddini	ssign) STATE MC	13b. COUNT	CARRELL	Sykesville	YES NO NO	Waite A	t ve	
1	14. F	ATHER S NAME First	Middl	e Lost	15 MOTHER'S MAIS	DEN NAME First	Middle	Last	
		JU1	2don -	BUNIN	Kr	atie -	Wi	liams	
		WAS DECEASED EVER IN U.	S. ARMED FORCES?	16b. SOCIAL SECURITY		3.1.23	Address		
		es, na, ar unknawn) (fv	D Give Act of bases to service	242 144	1112 MR Da	ight (Ax)	yle Syke		
		18 CAUSE OF DEATH (En PART I, DEATH WAS	ter only one cause pe	r line far (a), (b), and (c	.)	3		APPROX.MATE INTERV BETWEEN ONSET AND D	/A. ÆATH
		PART I. DEATH WAS	CAUSED BY. IMEDIATE CAUSE (o) _	Recurrent	Cerebral H	lemorrhage	2	Sudden	
		2509"		OR AS A CONSEQUENCE OF					
		Canditions, if any, which	gave)	Diabetic				10 yrs.	
		rise to immediate couse stating the underlying c	(0).(	OR AS A CONSEQUENCE OF	. //.	1		1/10	_
		iast and and any ing t	(c)_	Prabet	8. He 1/10	415		12 728	
		PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTR	BUTING TO DEATH BUT I	OT RELATED TO THE TERMINAL	DISEASE OR CONDITION G	IVEN IN PART 1(a)		
	2		Fl	u					
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS P	RFORMED 20g. AUTOPS		IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING	5
<i>)</i> .	E				YES 🗆	NO CAL	ISES OF DEATH?		
		21a. ACCIDENT WAS UND	RLYING 216 TIM	E OF INJURY	21c. HOW INJURY OCCU	RRED (Enter nature of a	njury in Part I or Part 2,	Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.	M. Manth Day Year M.					
	ME	11.4 INDUDY OCCUPATE	21e. PLACE OF INJUI		CTORY,) 21f. LOCATION Street	or R F.D. No.	lity ar Tawn	Caunty S	tote
		While Nat while at work							
		22a. I certify that (	(this hospitol)	ottended the deceas	ed from Dec. 17 19 69, and that in (my	, 19 <u>_60</u> , to_	Jan. 2, 19	69, that (I) (w	e) lost
		saw the deceos	ed olive on	ia) (did not) view the	19.69, and that in (my)	) (aur) apınion deat	h occurred an the da	ite and haur and fro	m the
		22b. SIGNATURE	bave, (I) (we) (a	ia) (ala nor) view me	body after death.		1 22	DATE SIGNED	
		220. SIGNATURE Yas	n three	Lman	DEGREE PHYS	MED DIRECTOR C	- STAFF	177/69	
		22d. PHYSICIAN'S			DEGREE PHYS.		PHYS.	18/10/	
l		NAME (Type) Sa	ni Okute	nan M.D.			Sykesvill	e. Md. 21	784
	00.		23b. DATE		CEMETERY OR CREMATORY		ATIQN (City or Town)		
	230.	BURIAL, CREMATION, REMOVAL (Specify)	1-9-69	Signame UP	MAN A A A A A	1	Le cor la	(Caunty) (State	7
٨		FUNERAL DIRECTOR	1 1 10 1	ADDRES	CUCLUMIA GA	2Sa. REGD BY PAGISTRAN	25 25 DEGISTRARY	MONAR RE	*
N	27.	Xh: 1, V'	Harakt	Lukeril		OATE	DJ T	U	
4		1100 64 -0	7,00	J. Carca	1 //1/61	VAIL			

\* ` . j. .

3 arrer dedu	DECEASED-NAME First (Type or print) Sus	Middle	Lost	A DIST OF DOLLAR	
		an -	Caston	2g DATE OF DEATH  1 Month 29 Doy	2b. Hour 1:55%
70	female	4 RACE white	5. DATE OF BIRTH 6/25/81	87 YRS.	IF UNDER YEAR OF UNDER 24 HRS. MONTH'S DAYS HOURS MIN
, ca	BIRTHPLACE (State or foreign suntry) Maryland	76 CITIZEN OF WHAT COUNTRY? USA	B. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Carroll	Md
) F	CITY OR TOWN OF DEATH RuralSykesvill	11 NAME OF HOSPITAL OR INS give street oddress) e Springfield S	State Hospital during m	AL OCCUPATION (Kind of work done ast of working life, even if retired) USEWITE	126 KIND OF BUSINESS OR INDUSTRY
	a USUAL RESIDENCE (Where decease missian) STATE Md.	ed lived, if institution. Residence before	Myersville YES ?NO	MTS? 13e STREET AND NUMBER	Road
14	FATHER'S NAME First James	Middle Last Quinc	15. MOTHER'S MAIDEN NAME F	irst Middle	Wright
16	Sa. WAS DECEASED EVER IN U.S. ARM Yes, na, ar unknawn) (If yes give w	CO CODECCO INC. COCIA CECUDITY A	IO. 17 INFORMANT	Address pital records, Sy	
2 September 2	syndrome assoc	DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT NO  iated with senile  CONDITION FOR WHICH OPERATION WAS PER	YES NO 🔀	CONDITION GIVEN IN PART I(o) Chr behavioral react	ronic brain
MEDICAL	While Not while at work at work at work at work 22a. I certify that 29 (this saw the deceased at causes stated abave 22b. SIGNATURE	PM 19 PLACE OF INJURY (AT HOME, FARM STREET, FAC office Bunding, FTC  s hospital) attended the decease ive on 1/29  (# (we) (did) #did **********************************	DEGREE PHYS   DEGREE PHYS   M.D.   22e. ADDRESS   S	AED. STAFF PHYS Pringfield State	te and hour and from the  OATE SIGNED  1/29/69  Hospital
23	NAME (Typel) A C.  Bur, Al., CREMATION, 23b. If PMOVA. (Spec by) 2.		CEMETERY OR CREMATORY	wkesville, Maryla  23d LOCAT ON (City or Town)  Nr. Myersville,  BY REGISTRAR 25b. REGISTRARS	(Caunty) (State) Fred Co.Md.

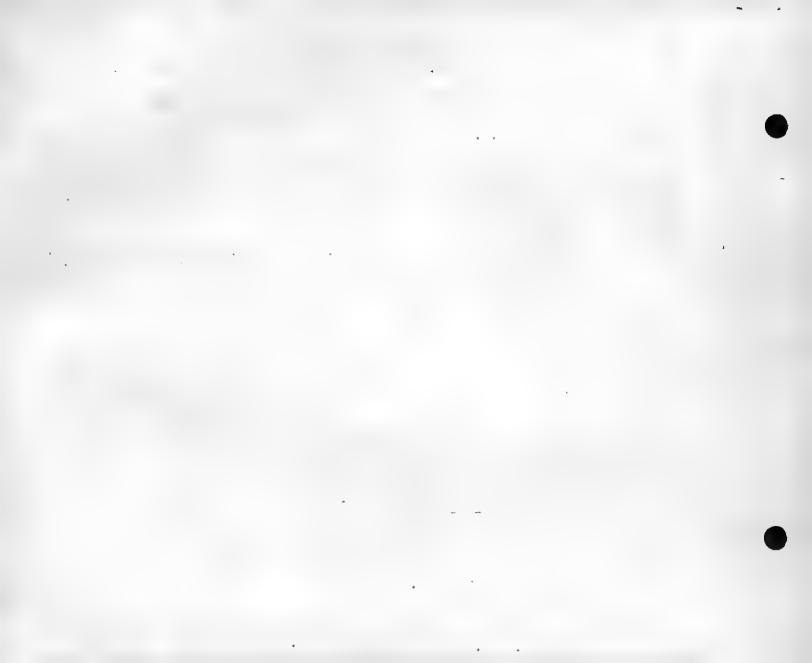
MAKTLAND STATE DEPARTMENT OF HEALTH



	1	DIVISIO		TE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE, M	ARYLAND 21201	
FOR STATE		2006.	•	ER'S CERTIFICATE OF DEA	*	6000
HEALTH DEPT.			rst M ddle	Last	2a. DATE KNOWN Month	Day Year 2b. HOUR
oy is Poge mt of	1	Type or Print) JULIA	С.	CHINDLAW	OF ESTI- Jan.	19, 169 6:31pp
deloy and 3 M3. Pog	3 5	EX 4. RACE		AGE (In years IF UNDER 1 YEAR IF UNDER 24 ast britishory) MONTHS DAYS MOURS	TE DIVICE LIKOHOGHICED DEND	2d HOUR
PM3. PM3. P		male   White		6.8- YRS	Month Jan. Doy 1	9, Year 1969 6:31A
n 2,2		BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?		COUNTY OF DEATH	
for for fee		" 112.	V5 A.	WIDOWED DIVORCED	Carroll	Md
death my delay is we beges 1, 2, and 3 to with form PM3. Page the State Depointment of		CITY OR TOWN OF DEATH	g.ve street addressa	oll County General daring of	AL OCCUPATION (Kind of work done to the state of work no life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
ofter death B. Give Pages I, olong with form with the State Deeath		Westminster	eased lived, if institution. Residence befo			
N = " ~ " 0 /	120	dmission) STATE Maryla	nd 13b COUNTY Carroll	Westminister YES NO		t Rd.
hour of he after after	14	FATHER'S NAME First	Middle Las	(3) (1)0 (1)0 (1)	First Middle	Last
2 = 2 = 2 2 = 2 = 2 2 = 2 = 2		JOHN			77115	HALL
s certificate should be executed within 24 e, writing the word "pending" in pencil in forwarded to the Chief Medical Exomities s used as a burial-transit permit File pages emoval, and in any event within 72 hours		WAS DECEASED EVER IN U.S. ARME 'es, na, ar unknawn) (11 yes g	DFORCES?  The war or dates of service)  219-28-7	NO. 17 INFORMANT	Markersy-2048.	Sweeth
ed wit in pe il Exor t File iin 72		18. CAUSE OF DEATH (Enter	anly one cause per line for (a), (b), and (a	().)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted validing in Medical Experimit Fi		PART 1 DEATH WAS CAUSED IMMEDIA	SED BY Arterios DIATE CAUSE (a)	clerotic Cardiovasc	ılar Dise <b>as</b> e	
endi Me it pe		4	DUE TO, OR AS A CONSEQUENCE (	DF		
vold be excord "pend "pend "pend "pend of Chief Me al-transit produced any event		Conditions, if any, which gave use to immediate cause (a),	(b)			
should be end word "per to the Chief I burral-transit		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE (	OF		
sho he who he who he who the			, (t)			
This certificate should tate, writing the word be forwarded to the Ch be used as a burial-transfer removal, and in any		PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM.NAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)	
its certific te, writin forwards forwards oe used os removal.	NOL	19g DATE OF OPERATION	19b. COND T ON FOR	WHICH OPERATION		20 AUTOPSY?
forn forn e us	CERTIFICATION		WAS PERFORME			YES NO
三 海 등 등		21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	216 TIME OF INJURY Manth, Day Yo	ear 21c HOW INJURY OCCURRED (Ente	nature of injury in Part 1 or Part 2, I	
INER: e certifi should files. 3 should otton, c	MEDICAL	CAUSE OF DEATH	P.M 19 e PLACE OF INJURY (At home, form, street		C to 1-7-	Caunty State
XAM te th ge 4 your age crem	_		factory, affice building, etc.)	, 211 LOCATION STEER OF KT D NO.	City ar Fawn	Caunty State
CAL E executor Poge ed for CTOR: Fouriol,		22o. I certify that	I took charge of the remains descri	bed above, held on Autopsy 🔀 ,	Inspection , Inquiry	ond in my opinion
Z a p p B		death resulted fram	Natural couses (N), Accide	ent 🔲 Suicide 🔲 Hamicide	, Undetermined manner	
please e please e l director retained L DIRECT ior to bu			12111	CHIEF MEDICAL EX	AMINER	
ry, pleosery pleosery be retain RAL DIRE prior to		ACTUAL SIGNATURE	12 1/01/		AL EXAMINER EXE 220. DATE	E SIGNED /20/69
SSOT UNE SY b NER		EXAMINER'S	- 1 T	DEPUTY MED CAL	CAMBONEK	/ 20/ 69
O DEPUTION THE FUNCTORY, the functory be O FUNERAL Health pri	22		rd F. Wilson, M.D.		ity, tawn, ar caunty)	16 (1)
5 = v 5 ±	230	BURIA, CREMATION 23 REMOVA. (Spec fy)	11-23-69 23c NAME O	of CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
3	24	FUNERAL DIRECTOR	ADD	RESS 250 (BEED)	BY REGIONARY COST RESTURES	SIGNATURA
VR A15ME (5) TOM REV. 1768	,	Jakley-Cara	roughtld l'ar	orsville, med. DATE	- 1000	Contract of the second

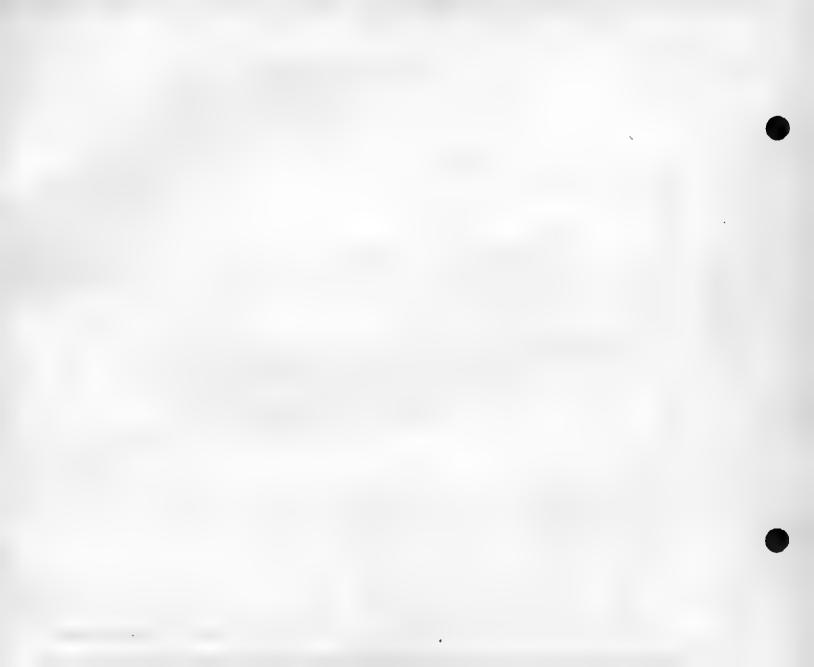


1		.10660	DIVISION OF VITAL REC		RESTON STE		RE, MARYLAND 21201	00661
	1 0	CEASED NAME First	Middl		Lost		. DATE OF DEATH	2b. H
		Ype or print) Fried		•	OHEN	20	January I	1959 7:1
	3. SE		4 RACE White		S. DATE OF BI	RTH	6 AGE (In years last bithday) 73 YRS	IF UNDER I YEAR IF JINDER 3 MONTHS DAYS HOURS
1	7a 1	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MADDIED	☐ NEVER MAR	PIED (20) 9, CO	DUNTY OF DEATH	
-	เตมต	Maryland	E.S.A.	WIDOWED	DIVOR	CED []	Carroll	
)	10 C	NY OR TOWN OF DEATH Sykesville	give street address)	eld State	rat in haspital HOSD1+	12a. USUAL OC during most of	CUPATION (Kind of work done working life, even if retired.) e work (retire	125 KIND OF BUSINESS INDUSTRY
	13a admi	USJAL RES DENCE (Where decease ission) - SIATE LLY 1 and	d lived, if institution: Residence (3b. COUNTY	befare 13c, CITY O	imore	13d. INSIDE CITY LIMITS? YES NO	13e STREET AND NUMBER 3706 Dorches	
-	14. í	FATHER'S NAME First	Middle	Last		NDEN NAME First	Middle	Lost
	1.	Moses Coh		Minay na		a Tender		
	160 Y	was deceased ever in U.S. ARMI es, no or unknown) (†yes give wo	ED FORCES? r or dates of service)	CURITY NO. 17.	WXXXXXX	YER COHEN	6310 GREENSP	
		1B. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line for (a), (b),	and (c).)				APPROXIMATE INTERVI BETWEEN ONSET AND DE
		IMMEDIAT	TE EAUSE (e)	<u>remia</u>				days
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove						
		rise ta immediate cause (a), (	(b) DUE TO, OR AS A CONSEQUE	NCE OF	· · · · · · · · · · · · · · · · · · ·			
		stating the underlying cause DUE 10, OK AS A CONSEQUENCE OF						
		PART 2. OTHER SIGNIFICANT CONF	DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED	O THE TERMINA	L DISEASE OR CONDI	TION GIVEN IN PART 1(a)	
	z	CBS assoc. wi	th cerebral ar	terioscla	rosis w	ith psyc	hotic reaction	
le le	CERTIFICATION		ONDITION FOR WHICH OPERATION		200 AUTO		20b IF YES, WERE FINDINGS C CAUSES OF DEATH?	
	MEDICAL CER	21 a. ACCIDENT WAS UNDERLYING or contributing cause of Death (If bither, notify medical examina	HOUR A.M. Manth Day	Year	fow injury occ	URRED (Enter natu	ere of injury in Part 1 or Part 2,	Item 1B.)
	MED	21d. INJURY OCCURRED 21e. I	PLACE OF INJURY (AT HOME FARM, OFFICE BUILDING,	STREET, FACTORY.) 21f	OCATION Stree	t ar R.F.D. Na	City or Tawn	County St
		22a. I certify that (1) (this saw the deceased all	s haspital) attended the c	deceased fram_	3-11-63	, 19	, to 1-10-69 , 19.	, that (1) (we
		saw the deceased al	ive_on1—10—69 . (IX (we) (did) (did not) vie	19, ai	id thot in (祁	(our) opinion	death occurred on the do	te and hour and from
		22b S GNATURE	, (1) (we) (uid) (uid iioi) vie	w nie body onei			220	DATE SIGNED
		9 1.27 lb	run MD	DEG	REE PHYS	DIRECT	UK — (111) —   -/	/10/69
		22d PHYSICIAN'S NAME (Type) ATT	old Melman, F.	D.	22e ADD	RESS Sprin	gfield State Ho Ville, Marylan	osnita] 1 2179[
IJ					- CDF411 TODY			
	23a	BURIAL CREMATION 23b. D REMOVAL (Specify)		AME OF CEMETERY O	K CKEMATOKT	R	ANDALLSTOWN, MI	ARY LAND
	24	DEMOU(4) (C26.)	12-69 BE	TH EL		RA PEC D BY PEC	EDICATION (City or Town)  ANDALLSTOWN, MA  GISTRARY 969256 REGISTRARS	SIGNALLY STATES



\ . 1		3006.	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
X .		00001		CERTIFICATE OF DEATH		00662
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ECEASED-NAME First	Middle	Last	20. DATE OF DEATH	2b HOUR
funeral funeral s 1 and 2	l t	(ype ar print) Lyd	in Good	- Crawmer.	Jan Month 10	OY YOUR VIA-M
offer of the funder of the fun	3. SI	X	4 RACE	S. DATE OF BIRTH	6 AGE (In years	F JNOER TYCAK IF UNDER 24 HRS
24 hours after death ad in by the funeral perse Pages 1 and 72 hours after death		Female	white	JAN 26 11	S-F-6 last birthday)	MORTHS DAYS HOURS MIN.
hours hours			7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
# E 9 4	COU	Carroll Co	USA-	WIDOWED DIVORCED	Carroll.	Md
hin 24 hours after filled in by the fu papere-Pages 1 thin 72 hours after	10 (	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	STITUTION (If not in hospital   12a US	UAL OCCUPATION (Kind of work done	
<b>长</b>	1	narchester, m	d. gve street address)	o- Longver Mure during	mast of warking life, even if retired.)	NDUSTRY
olerety carban	13a.	USUAL RESIDENCE (Where decease	d lived, if institution. Residence before	13c CITY OR TOWN 13d INSIDE CITY	Di Tille Til	5/
cample cample	oam	ssion) STATE Web.	13b COUNTY Council.	Wastrander YES	NO 29 Webster	54
and camiremave	14	ATHER S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME		Lost
be n ar		John		u. mory Elex	outh mullin	ref
PHYSICIAN: The law requires that the death certificate be executed as enapsital or attending physician. This certificate has been signed by the attending physician and camplere stacked far use as the burial-transit permit. Then please remave carb Dept. at Health priar ta burial, crematian, or remaval, and in any event,	16a.	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b SOCIAL SECURITY I	NO 44 17 INFORMANT	Address	^
phys		es, no, ar unknown) (fyes give wi	210-10-	Mulu Jaur	encer, Fullsling ,	
re death cei attending p permit. The			y ane cause per line far (o), (b), and (c)	1	Heart Die	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death attendii permit. ian, or re		PART I. DEATH WAS CAUSED MMEDIA	TE CAUSE (a) arter	norderstre	" letter	e Sun
atte per jan,		4/23	DUE TO, OR AS A CONSEQUENCE OF			
the the sit j	l	Conditions, if any, which gave a	(b)			
transfer the	1	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
aquires that the physician. signed by the burial-transit burial, cremat	1	last.	(c)			
		PART 2 OTHER S-GNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	RECONDITION GIVEN IN PART 1(e)	
ding ding reen the arta	픙	IO DATE OF ORENATION LICE	CONDUCTOR FOR WHITE OPERATION WAS DE	Dranifo Jos Alzonevo	TOOL IF ME MEDE CHIDINGS	CONSIDERED IN CERTIFYING
re la trend as bas as pria	3	19a. DATE OF OPERATION 19b. (	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY?  YES \ \ NO \[ \]	CALICCO OF BEATUR	CONSIDERED IN CERTIFIING
ICIAN: The law repital or attending rificate has been of far use as the af Health priar ta	CERTIFICAT	21o. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY		ter nature of injury in Part 1 or Part 2	them ID \
IAN: al o ficat for for He		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year		iei ilaiaie di silary si raii i di rait a	, nett ib.j
FHYSICIAN: The law ratending this certificate has been letached for use as the Bept. of Health prior to	MEDICAL	(If either, natify medical examinated INJURY OCCURRED 21e.	er) P.M. 19 PLACE OF INJURY / AT HOME FARM, STREET FAR		Na. City or Tawn	County State
DING PHYSIC by the haspi frer this certi be detached State Dept. at		While Not while	OFFICE BUILDING, ETC.	I to too allow sheet of Kilo	ia city of favor	23011)
		22g   certify that (1) Ith	s haspital) attended the decease	ed from 4/// 19	68 to 1/19 1	967, that (1) (we) last
ATTENDING retained by the ECTOR: After the stauld be de with the State		saw the deceased al	ve on ///7	1969, and that in (my) (aur) a	pinian death accurred an the c	date and haur and fram the
A B I B I B I B I B I B I B I B I B I B			(1))(we) (pid) (did nat) view the	bady after death.		
R A A Section with with with with with with with with	1	22b. SIGNATURE	Inne 1 11	ATTENDING T	MED STAFF	DATE SIGNED
L OR be r DIRE		and privercian e	10 arge 101.	DEGREE PHYS  22e. ADDRESS 2 J		(//7/0/
RAL Pe feef		22d PHYSICIAN S NAME (Type) .	It Foted 1	1.D MAN		1 2 2 1 1 5 2
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 shauld be a shauld be filed with the State	220	BURIAL, CREMATION 23b. C	DATE 23, NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
Page dire	230	DEHOUAL /Consider		Branch Cemetery		arroll Md.
F - F	24	FUNERAL DIRECTOR	CELCHON 254 E. ADDRESS	Main St. 24 AND	2 4 GIS 869 256 CREOISTAN	
30M REV V 68	T		er Funeral Home We	AND ALL ALL ALL ALL ALL ALL ALL ALL ALL AL		a de a

MAKILAND STATE DEPAKTMENT OF BEALTH





1.1		MARTLAND STATE DEPARTMENT OF HEALTH
	→ 1 ×2	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
[	1	CERTIFICATE OF DEATH
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ŧ,	and	(Type or print) Ad 1) Tour Food AD 1) Tour Day Year of 30 A
Ď	the funera	MILION EDGAR DEVILOISS JON 11 14691 "
ţ.	a se	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years F JNDER YEAR ) IF UNDER 24 HRS MONTHS DAYS HOURS MAIN
6	TS OFF	MILLE WHITE SEPT, 29-1804 VIS. 114 YRS.
	by aur	70 B.R. THPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 7 NEVER MARRIED 9. COUNTY OF DEATH
ph th	ers.	CONTAPVLAND 1) J WIDOWED DIVORCED CAPRULL MA
n 2,	Med pap	10 CITY OR TOWN OF DEATH 11 HAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
requires that the death certificate be executed within 24 haurs after death	<b>DEFINITION OF THE STORES</b> of the standard of the standard property of <b>FUNERAL DIRECTOR</b> . After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Possibled with the State Dept. af Health prior to burial, cremation, or remayal, and in any event, within 72 hours.	WESTMINSTEP (Vistreet adoress) / (FEN) HISD during most of working life ever if retired) INDUSTRY KETIRED
S 70	arb nt,	13a USUAL RESIDENCE (Where deceased lived 17 Institut an Residence before 13c CITY OR, TOWN 13d MISSIDE CITY LIMITS? 13e STREET AND NUMBER
-	we ceve	admystop ASTATEVLAND 136 COUNTY ROLL NEW WILLISTES NOTES NOTES
×× `	ל עני ארני ארני	14. FATHER'S NAME / First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
	e e in c	HOWADD H DEVILBISS ALINE NOS RAUM
1	sas(	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 12 INFORMANT 1 Address
Ę.	als, a	Yes, no. or Ankhown) ("Yes give war of toyls of service) 217-36-4575 LEAHA DEVIL 8155 NEW MILLIOS OP MIL
cert	hen hen	18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c))  APPROXIMATE INTERVAL BETWEEN ONEST AND DEATH
£	Le L	PART 1 DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) (b), and (c)  PART 1 DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) (b), and (c)  IMMEDIATE CAUSE (a) (c)  IMMEDIATE CAUSE (a) (c)  IMMEDIATE CAUSE (a) (c)  IMMEDIATE CAUSE (b)  IMMEDIATE CAUSE (c)  IMMEDIATE (c)  IMMED
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<del>+</del>	the sit	(conditions, if any, which gave) (b) their fields of will be the field of the fields o
th d	- E G 6	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
es	1, c	last. (c)
, n	E ST	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIGOTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
7.60	2 6 9 2	- broker mederator
a a	ar th	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
a t	s d d	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING YES NO DE CAUSES OF DEATH?  21a ACCIDENT WAS UNDERLYING 21b. T.ME OF INJURY OF THE PROPERTY OF THE PRO
	us and	21a A/CIDENT WAS UNDERLYING 21b. TIME OF INJURY 1 [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
TENDING PHYSICIAN:	3. P. S.	S OR CONTRIBUTING CALSE OF DEATH HOUR A.M. Month Day Feet
SIC	i g g i	a (If either, notify med cal examiner)   P.M. 19
H	s de te	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while
0. d	手等品	at wark at wark
Ž à	ta ta	22a. I certify that (1) (this hospital) attended the deceased from // , 19 07, ta // , 19 07, that (1) (we) last
9.5	d F A	saw the deceased alive an
	9 P	() cayses stated abave; (i) (we) (did) (did not) view the bady after death.
A paragraph		226/SJONATURE 1 2 DATE SIGNED 220 DATE SIGNED 220 DATE SIGNED
O. P. P.	ed a	DEGREE PHYS LA DIRECTOR LI PHYS. LI /// (77
TAL	A BE	22d PHYSICIANS NAME (TYPK IO 126 P. VID NAME (
TO HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires the	To FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta	TICHALD & DAKIMPLE III STORY
25	E Paring	23G BUR AL (REMATION, 23b. DATE 23C NAME OF CEMETERY OR (REMATORY ) 23d JOCATION (City or Town) (Stote)
5	- 6 g v	DUEITE 1-17-17 67 DKICK HUECH CEMINAKEFIELD, 1010
	VR ATS WAT	250 RECTO BY PROSTRAR S SIGNARY REGISTRAR S SI
	30M REV 1	ON HELENOT Seus NEW MINDSUR MID DANAN 20 1969 HUSTER



1	006. () DIV		OI W. PRESTON STREET, BALTI ERTIFICATE OF DEATH	IMORE, MARYLAND 21201	00665
funeral I and 2 er death.	DECEASED-NAME First (Type or print)  Meuric	Middle Ross	iost Fair	20. DATE OF DEATH  Month Do	Y 1969 8:30 M
ages I c		RACE	S DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
1	Male	White	Dosember 1.	1876   lost birthdoy) 92 YRS.	MONTHS DAYS HOURS MIN
	o. BIRTHPLACE (State or foreign 7b C		8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	<del></del>
	ounity) Marvland	U.S.A.	WIDOWED DIVORCED	Carrell	Mel
ħ	). CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INST	ITUTION (If not in haspital 12a USU/	AL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
1	Tanertown	give street address)	during m	ost of working life, even if retired)	Printing
	Taneytown  a USLA. RESIDENCE (Where deceased live	ed, if institution: Residence before	13c CITY OR TOWN 13al PHSIDE CITY E	MISS 13e STREET AND NUMBER	The statement of the st
7	dmission) STATE Marreland 13	Carrell	Taneytown YES NO	□ 69 George St	reet
İ	4 FATHER S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME F		Lost
1	Daniel	Fair	Mary		Reindellar
Ī	60. WAS DECEASED EVER IN L.S. ARMED FO		). 17. INFORMANT	Address	
	Yes, no, or unknown) (II yas give war or do	212-03-05	06 Mrs. M. Ross F	air, Taneytown,	
	18. CAUSE OF DEATH (Enter only one	couse per line for (a), (b), and (c).)	10	A .	APPROX MATE INTERVA.  BYWEEN ONSEL AND DEATH
1	PART 1 DEATH WAS CAUSED BY IMMEDIATE CA	USE (0) (Crite	- Coronary	. O-colurion	1 Few mis
-1		DUE TO, OR AS A CONSEQUENCE OF	$\Omega$	1	mal.
- 1	Conditions, if any, which gave )	(b) Co 20	uary W	virselvin	10 m
- 1	stoting the underlying couse	DUE TO, OR ASIA CONSEQUENCE OF	000	7 1	- En 191
ı	last	(1) Juli	rousedin	Musscler	was the
	PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE CERMINAL DISEASE ORC	CONDITION GIVEN IN PART 1(a)	
	5			Lant of the street Print	Chienrath III at the control
	190 DATE OF OPERATION 19b. CONDI	TION FOR WHICH OPERATION WAS PERI		20b. IF YES, WERE FINDINGS ( CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	210. ACCIDENT WAS UNDERLYING	OL THE OF MINDY	YES NO NO		la 16 \
		21b TIME OF INJURY HOUR A.M. Month Day Year	ZIL HUW INJUKT ULLUKKED (ENTE	r nature of injury in Part 1 or Port 2,	118(1) 10.}
	(If either, notify medical examiner)	P.M. 19	AND THE POST OF TH	Chi as Torre	County State
	While Nat while	OFFICE BUILDING, ETC.	(PY.) 21f. LOCATION Street or R.F D. No.	. City or Town	County State
1	at work — at work —	anital) attended the decree		o C / 10 P/2 10	69 that (I) (we) last
	22a I certify that (I) (this ha saw the deceased alive i	spiral) arrenaed the deceased	and that in (my) (aur) api	nion death accurred on the de	total (I) (we) last are and hour and from the
	causes stated abave, (i)	(we) (did) (didnes) view the b	ady after death.	/	or and made and many mile
	22b SIGNATURE	2-22-1	MD ATTENDING	ACD STATE 22c	DATE SIGNED
	(16, 5)	Myang	DEGREE PHYS D	NED STAFF D 2	Jan. 69
, [	22d. PHYSICIAN S	a Wanah W D	22e ADDRESS		
		c Vaugh, M.D.	Tar	neytown, Maryland	21787
f	30. BURIAL, CREMATION, 23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
	30. BURIAL CREMATION, 23b. DATE REMOVAL (Specify)		n Cemetery	Taneytown, Carr	oll, Maryland
0	4. FUNERAL DIRECTOR	If Stiles ADDRESS	2So. RECO B		s signature
1	C.O.Fuss & Son	Taneyt	own, Maryhandar All	3 1969 fcca	Lank Sun



- 1	17.0	67.	DIVISION OF			STON STREET, BA		LAND 21201	0366	S
	Ite	em# . Film	mG409 1/	30/69 km	CERTIFICA	TE OF DEATH	1		,,000	U
	. DECEASED-NAM	1		Middle		Last	20. DATE OF D	EATH	. a . v . / c	2b. HOUR
L	/ Type or bus	Cathe:	rine	٧.	Fitzpa	ntrick		444	Y 1 Yeor (5	C:50a
- 1	SEX		4. RACE		5.	DATE OF BIRTH	6	lastribithday)		TE JNDER 24 HRS.
L	Fen		Whit			1-17-/8/18	395	YRS.		HOURS MAIN
	o BIRTHPLACE	(State or foreign	7b CITIZEN OF V	VHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 COUNTY OF D			
L		aryland	USA		WIDOWED [	DIVORCED [	Carro			Md.
	D. CITY OR TOW	'N OF DEATH	11,1	NAME OF HOSPITAL OR I	NSTITUTION (If not i	n hospital 12a US	SUAL OCCUPATION (N	and of work done	12b KIND OF B	USINESS OR
4	Sykes	ville				lospita 198				
,	30. USUAL RESI Idmission) STA	DENCE (Where deced TEarylan	sed lived, if institu id   13b. COUNTY	Was ing C	Hager	WN 38 INSIDE CIT	NO ☐ 13e_STRE	ET AND NUMBER	Md.	
ŀ	4 FATHERS NA		Middle	_ Last	15, A	OTHER'S MAIDEN NAME	First	Middle	-	Joʻʻidon
1		William	l.							JOIGOII
	Yes, no, or un	SED EVER IN US AR: known) (Pryes give	MED FORCES? war or dates of service)	166. SOCIAL SECURITY 215-56-31	NO 17 INF	rmant Recovering field S	as tate Hosp	Address	esville,	w.
ŀ	18 CAUSE	OF DEATH (Enter or	nly one couse per	me for (a), (b), and (a	1)					ATE INTERVAL
-	PART	I. DEATH WAS CAUSE IMMEDI	D BY-	ardiac in		ncy			days	IC! AND DEATH
1	41	- 4/ mimeur		AS A CONSEQUENCE O		- V				
	Conditions	, if any, which gove	1	JCVD	•				years	3
Н	rise to im:	mediote couse (o), underlying couse		AS A CONSEQUENCE O	F			11		
-	last.	and an initial course	(c)							
П	PART 2. O	THER SIGNIFICANT CO	ND TIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEASE O	R CONDITION GIVEN	N PART 1(a)		
1	8									
Ы	190, DATE O	F OPERATION 196	CONDITION FOR W	HICH OPERATION WAS F	PERFORMED	20a AUTOPSY?	CAHESE O	ES, WERE FINDINGS OF DEATH?	CONSIDERED IN CE	RTIFYING
	E	CHT WAS INDECINE	100			YES NO				
	ACCID	ENT WAS UNDERLYE	NG 216 TIME (			INJURY OCCURRED (Er	nter nature of injury	in Port 1 or Port 2,	Item 18.)	
	ill either, i	natify medical exami	iner) P.M.		19	Timu C C.	**	*		£4.4.
		Y OCCURRED 21e Not while at wark	PLACE OF INSURY	OFFICE BUILDING, ETC	ALIUKT.) 211 LOCA	TION Street or R.F.D	No Eity or	r Town	County	Stote
	22a.   ce	ertify that (1) (th	nis hospital) at	tended the decea	sed from 1-	13	13c, ta	1-18- , 19	9.69_, that	(1) (we) last
1	saw	the deceased o	live an1-	-13-	19.62, and 1	13, 19 hat in (my) (aur) a	pinian death ac	curred an the d	ate and haur a	ind from the
ı			e, (1) (we) (did	) (did not) view the	e bady offer de	oth.		1 00	DATE CIONED	
1	22b. SIGNA	1 100 1	1	mn	- DEGREE	ATTENDING	MED D RECTOR	STAFF PHYS	. DATE SIGNED	
	22d, PHYSI	CIANS	Vide	, 10	DEOREE	PHYS L	ringfield		repital	
1		199 1	ld delma	n, h.D.			kesville,			
	23o BURIAL, CR		DATE	23c. NAME O	F CEMETERY OR CR		23d LOCATION		(Caynty)	(State)
, ,	MANOVAL (			9 7.14	don Ce	mituy	Steller	ville 7	11/1	
	24 FUNERAL DI	RECTOR 1	- 11	ADDRES	\$ IM	2So. REC	AVNEGISTAR 1	ACS REGISTRAR	SSIGNATURE	College.
- 1	9/1/1	411 4/1	11164	1. 7. 11.	4///	7	ALTER MACOL M	JUL I		A



,, 1		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	667
HEALTH DEPT.	1. [	DOCCOURT LAWS	ay Year 2b. HOUR
		(Type or Print)	24 1966 3 M
5 m 6	3 5	SEX 4. RACE S DATE OF BIRTH 6 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 20 DATE PRONOUNCED DEAD	2g_+,gur.
de de la constant de		MALE 18 11/18 NOV. 13 1890 78 YRS	Year 1969 9 M
E 2 B	7a. cour	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR ED 7 COUNTY OF DEATH	,,_
Pages 1, with farm	10	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUT DN (if not in hospital   12a JSJAL OCCUPATION (Kind of work done   12	Md b. KIND OF BUSINESS OR
hours after death tem 18 Give Pag Office Dang-with and 2 with the \$10 offer death	V	during most of working life, even if retired) IN	DUSTRY
Si S	130	USUAL RES DENCE (Where decrosed lived, f institution: Residence before 13c CITY OR TOWN 13d IMSIDE CITY LIMITS? 13e STREET AND NUMBER	NNINGS
	0	Odmission) STATEM PROYLAND COUNTY C-ARROLL WESTMINSTER YES IN NO Z- ROAS	0170
hour Item Office I ond!	14	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
hin 24 noil in I niner's I poges I hours o	160	WIZLIAM FOWARD FREYMAN MARY R. MARY WAS DECEASED EVER IN U.S. ARMED FORCES? INTO SOCIAL SECURITY NO. 17, INFORMANT ADDRESS.	INER
within 24 pencil in xaminer's xaminer's 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no pr unknown) (I) yes give wor or dates of service) 216-03-5862 NILLIAM DIFREGMAN NICC	PENNA, AVE
d with in per Exar		IB CAUSE OF DEATH (Enter any one cause per line fay (a), (b) ag(0)(c).	APPROXIMATE INTERVAL
be executed 'pending" in teef Medical E. onsit permit. F event within		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CRITCHES SCREET HOLES	BETWEEN ONSET AND DEATH
exe endi Me if pe		2, ! DUE TO OR AS A CONSEQUENCE OF A VISIBLE	yw
The Chief		Candificials, if any, which gave ) rise to immediate couse (a), (b)	/
should be to ward 'pe to the Chief burial-transition any even		stating the underlying cause out to, DR AS A CONSEQUENCE DF	
cate sho ig the w ed to the s o buri		PART 2 OTHER SIGNIF.CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
This certificate should cote, writing the ward be forwarded to the Class burial-trucker are movel, and in any	_	THE TENER SOLVE STORE OF THE TENER OF THE TENER OF COME HOLD OF THE TENER OF COME HOLD OF THE TENER OF THE TE	
te, writing forwards forwards as used as removel.	CATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
this offer of the form	CERTIF (		YES NO NO
E P PA C	CAL CE	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A M.  P.M. 19  21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 19)	1B.)
INE ce short files 3 short io tio	MEDICAL	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home form street, 21f LOCATION Street or R.F.D. No. City or Town	Caunty State
EXAMINER cute the cer oge 4 shoul r your files. Poge 3 sho I, cremotion		WHILE NOT WHILE factory, office building, etc.)	
ICAL EXA e execute tor Poge ed for you CTOR: Pog burnal, cre		22a. I certify that I took charge of the remains described abave, held an Autapsy, Inspection 🔀, Inquiry,	and in my opinion
SICAL SICAL Adrector P Prained fo DIRECTOR		death resulted fram: Natural causes 🔀, Aecdent 🗌, Suicide 🔲, Hamicide 🔲 Undetermined manner 🗌	]
director etained DIRECTOR TO BU	1	ACTUAL CHIEF MEDICAL EXAMINER COLONATOR	
ry, ple erol di be reti RAL D		SIGNATURE ASSISTANT MEDICAL EXAMINER CONTRACTOR OF SOUTH OF SOUTH MEDICAL EXAMINER CONTRACTOR OF SOUTH CONTRACTOR OF SOUTH	1-6-69
TO DEPUTY SICAL IN THE CASSORY, please exect the funeral director Possible 5 may be retained for TO FUNERAL DIRECTOR: Health prior to buring		NAME (Type)	eter Grande
5 # 2 P #	236	A DATE CREATE OF THE PARTY OF T	ounty) Way
		BURIAL -14/69 DEER PARK CEMETERY SMALLWOOD, CHR	ROLLED IMP
VR A15ME (5K)	24	FINERAL DIRECTOR  ADDRESS  ADD	NATURE DE COME
10M REV 1/6	4	The property of the party of th	
117		·	



			DIVISION (	OF VITAL REC	ORDS, 301 W.	PRESTON STREE	T, BALTIMORE,	MARYLAI	ND 21201		00000	0
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH						0660	Ö			
HEALTH DEPT.		ECEASED NAME	First		Middle		Lost	20	DATE KNOWNK	Month D	tay Yeor	25 HOUR 3 • 1.8
to to of	1	Type or Print)	RUFU	S ,	OSWALD		GASKINS		OF ESTI DEATH MATED	1/6/	169	25 HOUR 3:18 p. M
any deloy is 1, 2, and 3 to im PM3. Poge	3 S	EX	RACE	5 DATE OF BIRTH	1 6 AC	E ( n years   IF UNDE	P : YEAR IF UNDER	24 HRS. 20	DATE PRONOUNCED			3 HOUR
M3. P		male	negro	MAY 7	18881 "	O YRS.	DATS HUUKS	MIN	Month January	6, 196	59 <sup>Yeor</sup> 19	D.W
_ 5 0 0 /	7a	BIRTHPLACE (Stote	or foreign 7b.	CITIZEN OF WHAT	COUNTRY?		NEVER MARRIED	9 COUNT	Y OF DEATH			
2 5 0	COUR	IN TIRGI	NIA	USF	7	WIDOWED F	DIVORCED [	C	arroll			₩d
Poges Lib for	10 (	ITY OR TOWN OF	DEATH	11 NAA	AE OF HOSP TAL OR I	NSTITUTION (If not in	hospitol 120		PATION (Kind of wo		The KIND OF BUS	INESS OR
24 hours ofter death in Item 18 Give Poges ar's Office along with far and 2 with the safe are ofter death		Sykesvi	11e	Spr Spr	eet oddress) ingfield	State Ho	spital '	1-0K-	orking life even if	10	DUSTRY	SAFS
s ofter 18 Giv e olong 2 with t	130	USUAL RESIDENCE	(Where deceased	lived, if instituti	on Residence before	13c C TY OR TOWN	134 INSIDE CITY		STREET AND NUM	BER		- indigital and
2 w dec	0	marylan	đ	13b COUNTY	- V	Baltimo	re YES 🕱	NO 🗆	1022 N.	Carey	St.	
hours Item 18 Office offer d	14	ATHER S NAME	First	Middle	Lost	. IS. MOTH	IER S MAIDEN NAME	First	Mic	idle	tos	t
24 P		_	AMES	HEN	RU GASI	KINS	L	OUE	4 20	BIK	Son	/
hun 24 ncal in niner's pmg== hours		WAS DECEASED EVE es, no, or unknown		CES? 1	66 SOCIAL SECURITY	IO. 17 INFORM	ANT	~	ADDRES		1	
d within in pencil   Examine   Examine   File pingil in 72 hou		45, 110, SI OIIKIIOWI	I (ii kaz ilise wes	or doles or service)	18-10-21	46 SAR	An Sn	11/6	1105	ASA	BURI	SA
Para Fara		18. CAUSE OF	SEATH (Enter only o	one couse per line	for (o), (b), ond (c)	)					APPROXIMATE BETWEEN ONSET	
cette ng dico irmit		PART I DE	ATH WAS CAUSED B IMMEDIATE	Y. (AUSE (a)	Inactive	Mitral Va	alvulitis	(Rhe	umatic)			
exe endi Me t pe		")		DUE TO, OR A	S A CONSEQUENCE O							
"pe" "pe ansi		Conditions, if on		(b)								
should be executed a word "pending" in the Chief Medicol E. urial-transit permit F in ony event within		stating the und		DUE TO, OR A	LS A CONSEQUENCE O							
sho e w th ounc		last	,	{c}	Pulmonary	<sup>7</sup> Emphyser	na					
ite, writing the forwarded to be used as a bremoval, and		PART 2 OTHER SI	GNIFICANT CONDITIO	ONS CONTRIBUTION	G TO DEATH BUT NO	RELATED TO THE TE	RMINAL DISEASE OR	COND TION	GIVEN IN PART I(o)			
rfree tring arde	×											
wri wri rwo novi	CATIC	19a. DATE OF OP	ERATION		9b CONDITION FOR WAS PERFORMED						20 AUTOPS	/?
This certificate should be executed within 24 hours ofter death cate, writing the word "pending" in pencil in Item 18 Give Page be forwarded to the Chief Medical Examiner's Office along with be used as a burial-transit permit file pages 1 set death the contraction of the contrac	CERTIFICATION										YE2 <b>X</b> X	NO 🗌
	3) 7	210 EXTERNAL CO	CONTRIBUTING	21b. TIME OF IN HOUR A.M.	IJURY Month, Doy, Yea	or 21c HOW I	NJURY OCCURRED (E	nter noture	of injury in Port 1 o	r Port 2, Item	18)	
KAMINER: te the certi ge 4 should your files. age 3 shoul cremotion,	MEDICAL	CAUSE OF DEATH		P.M	19							
	×	21d INJURY OCCU		CE OF INJURY (At y, office building,	home, form, street, etc.)	211 LOCATIO	ON Street or R F.D. No	0	City of Town		County	Stote
bICAL EXAMINER: se execute the certuit of the certu		AT WORK AT										
AL for for UR:			*		e remains describ					quiry [_],		y opinion
bic bu		deoth res	lited from:	Notural cause	s X., Accider	et 🔲, Suicide	Homici	de 🔲,	Undetermined	monner L		
pleose directs retoine		ACTUAL	11/525	1/2	24-		CHIEF MEDICAL					
Y, P		SIGNATURE	The state of	11/1	/ (		AD ASSISTANT MEI			22b DATE SH		
SSOr Fune		EXAMINER'S	Wern	er U 🗸 Sp	oitz, M.D.		DEPLTY MEDIC ADDRESS(Stree				7/69	
necessory, please execute the the funeral director Page 4 the funeral director Page 4 to Funeral DIRECTOR: Page Health prior to burial, crem	02.	NAME (Type)	Oh Leal e	75	100 11115 05	CONTROL OF COOM				.V 40	15	
5 - + 2 5 + 1	230	BUR AL, CREMAT REMOVAL (Specif	ON, 23b D/	1/200	23C NAME OF	CEMETERY OR CREM	TOP ALLA	230. 10	CAT ON (City or Toy	1-	County) (S	itate)
	74	FUNERAL DIRECTO	1///	107	ADDR	ESS	250 REC	D BY REGIS	TRAR 25b RE	GISTBAR'S SIG	SNATURA	-
VR ATSME (S)	T	on nin / d	E GI	IEP "	Tal no Di	TERRE	A DATE			Char	the year	AL.
10M REV 1/88	5-	~ /0/3/~C(	N. 5-61	Ehu I	14/11/1/1	IJEK SON	NUE					

UIRGINIA USA

PORTER MUSICAL MAN

JAMES HENEY BASKINS LOVELY KOBINSON SIGHT 
1	It	em 18 Film 408 1-1/-6 MARYLAND STATE DEPARTMENT OF DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAL	HEALTH TIMORE MARYIAND 21201
		CERTIFICATE OF DEAT	F. S. S. B
or death uneral		o. COUNTY Carroll MARYLAND MARYLAND MARYLAND	NCE (Where deceased lived, if institution Residence before admission) b. COUNTY Frederick
by the Popes		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Sykesville  2 months  Adamst	(If autside carporate limits, write RURAL and give nearest town)
filled in papers		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Springfield State Hospital unknown	ON A FARM? YES I NO
blerely carbon with		NAME OF First Middle Lost DECEASED (Type or print)  SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED 1 B. DATE OF BIRTH	4. DATE Month Doy Year OF 19 AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS
execut d com		male white WIDOWED   DIVORCED   4-9-91	lost birthdoy) Annths Days Haurs Min.  77 yrs  aunty & Stote, or foreign country)  12 CITIZEN OF WHAT
cate be sicion a pleose i	dur	ring most of working life, even if retired)   INDUSTRY	ick Co. Md. U.S.A.
th certificing phy	15.		Thompson Address
he deo: e ottence permit fion, or	{44	B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)	INTERVAL BETWEEN
s that (cion. d by th I-tronsit		7070 IMMEDIATE CAUSE (0) Septicema DUE TO	ONSET AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exceuted within 24 hours ofter death. Page 4 may be retained by the hospital or aftending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-fronsit permit. Then please remove across pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours offer death.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost (c)	
The laver of the harbert of the harb	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA Caronic brain syndrome due to Ath	
rsician ospital o certificat hed for t. of Hec	MEDICAL CERTIFICATION	206 ACCIDENT WAS UNDERLYING DON'T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory in Port I ar Part I of item 1B)
NG PHN y the higher this real defactions of the Deposition of the	MEDICA	20c TIME OF INJURY Manth, Day, Year Haur a.m. p m. 19  2Dd INJURY OCCURRED While Not While at work  2Dd PLACE OF INJURY (Home factory, street, office bld)	g , otc )
NTENDI formed b TOR: Aff thould b		21   certify that (1) (this haspital) attended the deceased from 10 27 sow the deceased alive on 1 - 1 19 69, and that death accurre	22h DATE SIGNED
ALORA y be re'y oge 3 s filed wi		22c PHYSICIANS 2 22d, ADDRESS	MED STAFF 1/4/69
OSPIT/ OSPIT/ OSPIT/ ONERA Cror, p	236	BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY	field State Hospital-Sykesville
		Burial Jan. 7, 1969 Precerick enorial Par	
VR A15 (4) 25M 1/67		L. h. Etchison & Son, Frederick,d. DAT	JAN 8 1969 Millowelles Grages



			DIVISION OF VITAL RECOR	DS, 301 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201	00670
7		68675		CERTIFICATE OF DEA	TH	000:0
ي عد		CEASED-NAME First	Middle	& Last	2a. DATE OF DEATH	25 HOUR
de d	[ [1	(pe or print) FRAT	aklin feel	Green	THN x2	A 1400 B LW
	3. SE	(	4. RACE	S. DATE OF BIRTH	6. AGE (In years of lost birthdgy)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS   DAYS HOURS   MIN
24 haurs after ad in by the papers. Pages 4		MALE	White.	Nov 17.	7/00 YRS.	
by durinous	7o E	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED [ NEVER MARRIED	9. COUNTY OF DEATH	
in 24 ho (illed in papers.	CODI	"" Md -	U.S.A.	WIDOWED DIVORCED	- Chrose	Md
in and a	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL O give street address)	R INSTITUTION (if not in hospital 12c	USUAL OCCUPATION (Kind of work dane ring most of work ng life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
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2 1 5 5 T	13σ.	UŚUAL RESIDENCE (Where deceo	sed lived, if institution. Residence bef		OE CITY LIMITS? 13e STREET AND NUMBER	4.
ecut o de		1110.	CARROLL	O AVESTICE -	76167602	1100.
and co	14 6	ATHER'S NAME First	Middle (c		IAME First Middle	L' Lost
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that the death certifi an. by the attending phy transit permit. Then crematian, or removal		A COLUMN TO STATE OF			7 110311 07110	APPROXIMATE INTERVAL
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t the the a sit pe	l	Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE	VD		1CTRS
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es the ician per bet be bet bet bet bet bet bet bet bet		lost	(c) HYP	ERTENSKON		16/25
quires that the physician. signed by the burial-transit burial, cremat		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1(a)	
ng Ing I	×					
AN: The law rall of the standing icate has been far use as the Health priar to	CERTIFICATION	19a DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WA		20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
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AN: al or icate far u Heal		216. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE OF OEA			(Enter nature of injury in Port 1 or Part 2	, Item 18)
Pitch prite of f	MEDICAL	(If either, notify medical exam	iner) P.M.	19		
ING PHYSICIAN; by the haspital or fter this certificate be detached far u state Dept. of Hea	Σ	21d INJURY OCCURRED 21e	. PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	T, FACTORY ) 21f. LOCATION Street or R.	F.D. No. City or Town	Caunty State
te D		at work ot work	* ( * 1V a . 1 . 1 . 1 .	3/115	10 6 2 / 40 / - 2 - 2 - 1	0 G / that (I) (wa) lar
Afte by Sto		22a. I certify that (1) (1)	nis naspital) attended the dec	easea from and that in (my) (au	r) apinian death accurred an the c	late and hour and from the
ATTENI etained CTO : A should rith the		causes stated abov	e, (I) (we) (did) (did not) view	the bady after death.		
OR ATTENDING PHYSICIAN; The law rube retained by the haspital or attending DIFECTOE: After this certificate has been se 3 should be detached far use as the led with the State Dept. of Health priar to		225. SIGNATURE		XA TO ATTENDING	MED. STAFF 1220	. DATE SIGNED
DIE 3e 3e de		(X - V - T	Jones.	DEGREE PHYS	DIRECTOR L PHYS. L	-67-61
ITAI may RAL SAL be fi	1	22d. PHYSICIAN'S NAME (Type) R	Houck	22e. ADDRESS	kesville, Md.	
O HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the haspital or attending O FUNERAL DIFFCTOR: After this certificate has been directar, page 3 should be detached far use as the state befiled with the State Dept. of Health priar to	220	/1	DATE 23c. NAMI	OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
H S C S C S C S C S C S C S C S C S C S	230	REMOVAL (Specify)	25-69	W ARKINA	Sykesuille.	md
(8V//	24	FUNERAL DIRECTOR		RESS 250.	REC'D BY REGISTRAR 25b. REGISTRAR	
VR A18 (4) 30M REV 1/68	1	Klory YI Xh	not differen	DATE	TANDO MICO 302	homes years



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00673 CERTIFICATE OF DEATH 1. DECEASED-NAME 2b. HOUR A First Middle Last 2a. DATE OF DEATH signed by the attending physician and completely filled irriby the funeral burial-transit permit. Then please remove carban papers. Pages I and 2 burial, cremation, or removal, and in any event, within 72 hours after death. (Type or print) Manth GEORGE MASHINGTON GREEN 6:30 M 4 RACE 3. SEX S. DATE OF BIRTH 6 AGE (In years HETIMOER 1 YEAR IF UNDER 24 HRS. last birthday) ZHTHOM HOURS 08/01/1886 White Male 7a BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED [ ] NEVER MARRIED [ Country) aware J.S.A. WIDOWED E DIVORCED [ Carroll County 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 16 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired 1 ove street oddress). INDUSTRY Sykesville wood patter i raker 130 USUA, RES DENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY EMITS? 1136 COUNTY The law requires that the death certificate be execute YES 🔯 NO F Lil2 Old York Road baltimore and 14 FATHER'S NAME First Middle Last 15 MOTHER S MAIDEN NAME First Middle George Green Mary Lynch Frances 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. or unknown) I (If yes give war or dates of service) 21.8-03-7725-A Springfield Hosp. Records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND GEATH IMMEDIATE CAUSE (0) SCN (-ESTIVE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which pave ) 16) ARTER 105CLEROTIC HCART rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the t f Health prior to b CBS assec, with ceretral arteriosclerosis with behavioral reaction has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19th DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES AT TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. at Healt ZIO ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) TENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 2 e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21F LOCATION Street of R.F.D. No 21d INJURY OCCURRED City or Town County State While Not while 220. I certify that (4) (this hospital) attended, the deceased from..... . 19.67 . ta OI/31 11/06 saw the deceased alive on 31/31/ 19<sup>2</sup>, and that in (any) (our) apinion death occurred on the date and hour and from the causes stated above, (4) (we) (did) (did not) view the body after death 22b SIGNATURE 22¢ DATE SIGNED DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN S 22e ADDRESS NAME (Type) Milton Duschman, M.D. Springfield State Hospital 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) 230 BURIA, CREMATION (County) (Stote) REMOVAL (Specify) Silver Brook Cemetery Wilmington, Delawa 250 REC BBY REGISTRAP 1969 256 AGAINAGES 24 - FUNERAL DIRECTOR **ADDRESS** VR A15 (4) Euronia I. Seitz 5200 York Road Seitz Funeral Home Beltimore, .d. 30M REV. 1768

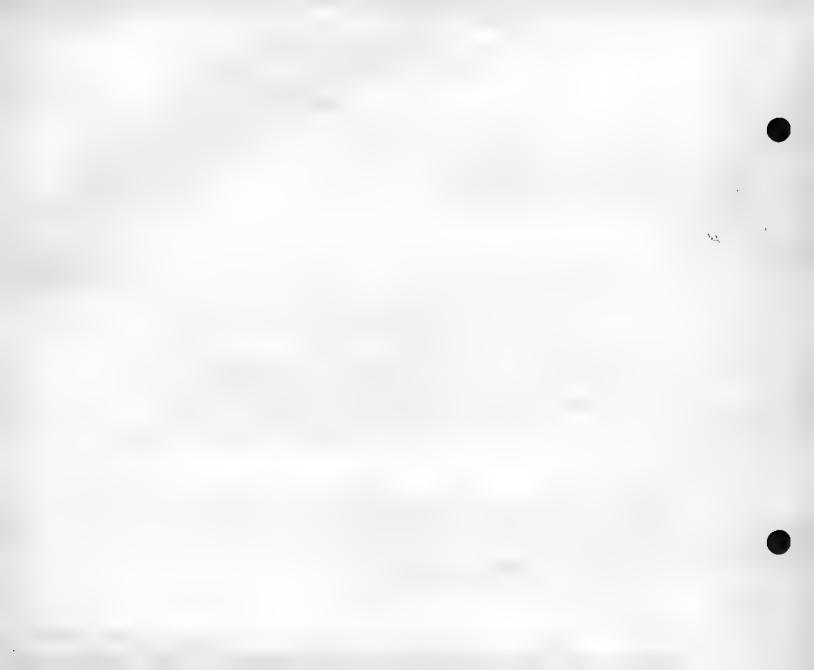




		MARILAND STATE DEFARMATION OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH
•	_	CERTIFICATE OF BEATTI
er death. funeral 1 and 2 er death.		Proper or print) A Control of the Co
be executed within 24 hours after death and campletely filled ignor. The funeral eremove carbon paper. Agent after death	3 SI	A RACE S. DATE OF BIRTH 3-15-02 6. AGE (th years if JNORR 14 AR IF JNORR 24 HBS ast bythday) MONTHS DAYS HOURS MIN
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e executed within 24 and campletely filled remove carban paps n any event, within 7	10.	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during post of, working life, ever if retired)  12b. KIND OF BUSINESS OR INDUSTRY  11c. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during post of, working life, ever if retired)
d wij	13a	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIGE CITY LIMITS? 13e STREET AND NUMBER
camp love y eve		ission) STATER Spring 136 COUNTY Month Md YES NO VO305 Down 145 ALC
be ex and rem in an	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost  RICHARD - CYIFFIS ELizabeth - Dearson
effiticate physician physician physician phease poval, and		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, ar unknown) 18 (thys give war ar doles of service) 212-14-57837 Address 212-14-57837 Address 212-14-57837
PE E		18 CAUSE OF DEATH (Enter only one cause per line far,(a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Brain Sepach are instruction  DUE TO, OR AS A CONSEQUENCE OF
TENDING PHYSICIAN: The law requires that the death med by the haspital ar attending physician.  R. After this certificate has been signed by the attending be defacted for use as the burial-transit permit.  The State Dept. af Health prior to burial, cremation, ar re		Conditions, if any, which gove itse ta immediate cause (a). Support the underlying cause lost  PART 2. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED JO, THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
r req ing p en si tabi	×	Taranionis Descripe
The lav attend has be se as t	CERTIFICATION	190 DATE OF OPERATION  495. CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY2  YES  NO CAUSES OF DEATH?
CIAN: ital ar hificate for u of Heal	MEDICAL CER	21a ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, 1tem 18)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Day Year (If either, natify medical examiner)   P.M.   19
PHYSI le hasp his cer etachec Dept. c	ME	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stote of work of work
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. af Health prior ta burial, and		22a <b>I certify</b> that (I) (this haspital) attended the deceased fram 1962, 1963, to 1964, that (I) (we) last saw the deceased alive an 1962, and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated above, (i) (we) (did) (did not) view the bady after death.
OR ATI be retain DIRECTO		226 SIGNATURE  226 SIGNATURE  DEGREE ATTENDING DIRECTOR DIRECTOR PHYS DE 1-5-69
PITAL may ERAL of the fill		226- PHYSICIAN'S NAME (Type) Paul G. Engor, M.D. 22e. ADDRESS Springfield State Hospital
TO HOSPITAL Page 4 may TO FUNERAL director, page should be fill		BURIA_ (REMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)  7. REMOVAL(ASpecify) 1-9-1959 23t. Lincoln Centerry Prince Georges, Manual
VR A15 (A)	24	FUNERAL EPICEDE CORTER CHEST CALLS ADDRESS IL SON MAL 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
30M REV 188		krier E. P. inhroy, 9 in. 8134 Georgia que ne DAN 10 1969 Villandes Yuga



_	1	MARYLAND STATE DEPARTMENT OF HEALTH	43 3 0 m
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00074
		CERTIFICATE OF DEATH	
-		ECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
	(	(ype or print) ANNA MARIE HAMMETT Jan Month 18 Day	1969 10 4 M
	3 \$		F UNDER 1 YEAR IF JNOER 24 HRS.
		FEMALE WHITE DEC. 6, 1841   last birthday) YRS	ONTHS DAYS HOURS MIN
		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
		BALTURAL CLOSES WIDOWED DIVORCED   CARROLL	△ - Md.
-		TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	126. KIND OF BUSINESS OR
1		MILS 1121103/ER CTRROLLE GIEN MOSPI HOUSE INTERME	INDUSTRY CFLAMIUR
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17	L-	MARIAND CHICKOLD IN ESTIMATION RUSTY	
,	14,	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
	L	JAMES PETR MARY	
		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no, or unknown) (II yes give war or dates of service)	CSTMINISTER
		NO CONTROLLY BLOCKS	APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND OFATH
		IMMEDIATE CAUSE (o)	
1	1	DUE TO, OR AS A CONSEQUENCE OF	2 1
		Conditions, if any, which gave nse to immediate cause (a). (b) Cerebral Thro-basis	200
		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	П	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	S	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CON	CIDEDED IN CEDITEVING
7	E	YES NO TO CAUSES OF DEATH?	SIDERED IN CERITING
×	CERTIFICAT	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	m 181
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year	
	MED	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FALTORY, OFFICE BUILDING, ETC.  AT HOME FARM, STREET FALTORY, OFFICE BUILDING, ETC.	County State
		While Not while at work of work	
		220.   certify that (1) (this haspital/attended the deceased from 45, 1967, to 45, 1967)	7. , that (I) (we) lost
		22a. I <b>certify</b> that (I) (this haspital attended the deceased fram 13 , 1967, ta 3, 1967, ta saw the deceased alive an 1877, 1968, and that in (my) (aur) apinian death accurred an the date	and haur and from the
		causes stated abave, (1) <del>{wd}</del> (did) ( <del>did-na</del> t) view the bady after death.	-
		ATTENDING MCD CTACE	TE SIGNED
		224 BLUC CLANC	18/69
á		NAME (Type) JOHN S. LANSHEY M.D & auchoust. Westme	rister me
Ş	230	BUR AL, CREMATION, 23b. DATE / 23c NAME OF CEMETERY OR CREMATORY 23d .OCAT ON (City or Town)	(County) (State)
	250	BEMOVAL (Specify) 1/2.1/69 1 PIDERS CENTETERY KESTICINSTE	2 RESA
1	24.	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b. RECK BAPS S	CATURAL AREA
H		Is myero. p., liestricionela Madoarejan 21 1969	- 17 m



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ^6630 CERTIFICATE OF DEATH DECEASED NAME First Middle 20. DATE OF DEATH 2b. HOUR funeral s 1 and 2 ter deoth. be executed within 24 hours after death (Type or print) Month signed by the attending physicial and completely filled in by the fur burial transit permit. Then please remove corbon popers. Pages 1 burial, tremotion, or removal, and in ony eyent, within 72 hours after 3 SEX 4 RACE S. DATE OF BIRTH AGE In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) MONTHS DÁYS YRS 9 COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? country) WIDOWED 2 terangel 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done 126 KIND OF BUSINESS OR give straet address) during most of working life, even if setired ) **INDUSTRY** 130. LSUAL RESIDENCE (Where deceased lived, if institution desidence before 136 CITY\_OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY 4 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First First certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no. or unknown) [ (If yes give wor at dates of service) attending private APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter antly one cause per line for (a), (b), and (g). BETWEEN ORSET AND DEAT PART I. DEATH WAS CAUSED BY TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death IMMEDIATE CAUSE (6) DUE TO, OR AS A-CONSEQUENCE OF Conditions, if ony, which gave) DONNE rise to immediate cause (a) DUE TO, OR AS A CONSTOLLENCE OF physicion. stating the underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 20a AUTOPSY? 206. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO K YES [ 216 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Tawn County State While Nat while E causes stated aboye, (1) (we) (did) (did not) view the body after death 226 SIGNARURE 22¢ DATE SIGNED ATTENDING DIRECTOR 22d PHYSICIAN S 22e ADDRESS NAME (Type) 23d LOCATION (City of Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION REMOVAL (Specify) Durack 24 , FUNERAL DIRECTOR 30M REV



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1 DECEASED (Type or	A START			Lost	2a.	DATE OF DEATH Month	Day	Year	25 HOUR A
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	lale	4. RACE White		S. DATE OF BIRT		6 AGE (In y	eors γγ) γRS.	IF UNDER 3 YEAR	F UNDER 24 HRS. HOURS MIN
70 BIRTHP	LACE (Stote or foreign chigan	75. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED WIDOWED	NEVER MARR	110	UNTY OF DEATH CARROLL			Md
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	RES DENCE (Where dece	osed lived, if institution. Residence	before 13c CiTY O	R TOWN 13	HISIDE CITY LIMITS? YES X NO	13e STREET AND NUM 5659 L'UT		venue	
14 FATHER		Middle 'S H']		S. MOTHER'S MAII	DEN NAME First ELTZA	N	1iddle		Last INSEY
16c. WAS I	DECEASED EVER IN U.S. AF or unknown) (If yes give	MED FORCES? 165 SOCIALS		INFORMANT Spr			ddress cords		
		inly and cause per time for (a), (b),						APPROX M	NATE INTERVAL
	PART I. DEATH WAS CAUS		ateral lob	arrneum	nia				L, S
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stotin <u>łast</u> .	ig the <u>underlying cause</u>	DUE TO, OR AS A CONSEQU							
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₩ (If eit	ACCIDENT WAS UNDERLY CONTRIBUTING ☐ CAUSE OF DE ther, notify medical exam	ATH HOUR A.M. Month Da	y Year 19	IOW INJURY OCCU	RRED (Enter natur	re of injury in Part I or	Part 2, Ite	em 18)	
White at war	INJURY OCCURRED 21	e. PLACE OF INJURY ( AT HOME, FARM, OFFICE BUILDING				City or Town		Caunty	State
22a.	I certify that (1) (t sow the deceased causes stated above	his haspital) attended the alive an	deceosed from 19 69, or ew the body after	O//22/ nd that in (my) death.	, 19 <u>68</u> , ) (aur) opinion	to <u>01/23</u> death accurred on			(I) (we) lost and from the
22b. S	IIGNATURE S	luha Czgun, L.D.	DEC	ATTENDING PHYS.	MED DIRECTO	OR STAFF		TE SIGNED	
	million con but	Tuha Offry		22e ADDRI Sprin	ESS	Ctate Hosp	C.	kesv.	Md.
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MAKTLANU STATE DEPAKTMENT OF MEALTH

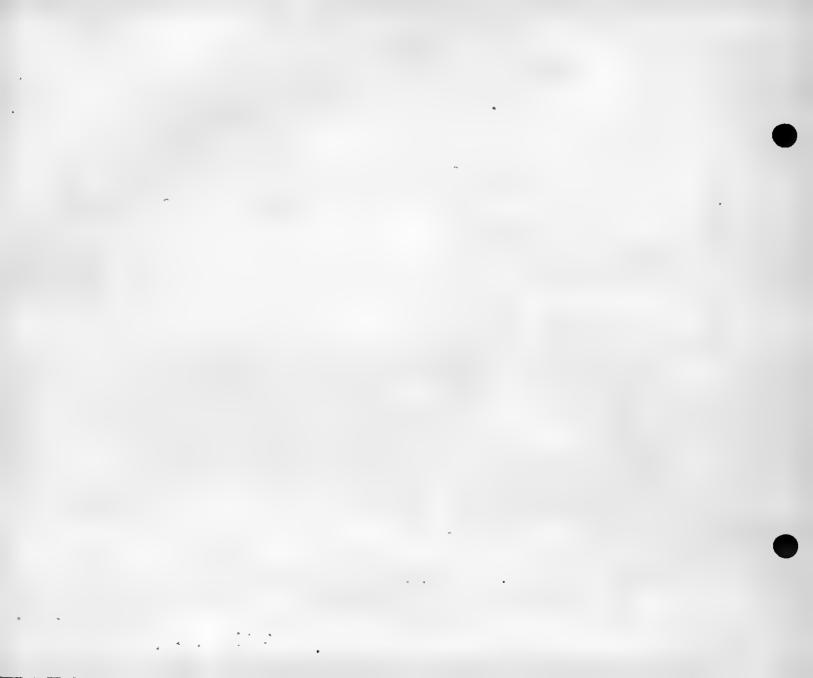




		- 1				ND STATE DEPARTMENT		
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		- [		70000		CERTIFICATE OF DEA	ATH	00010
	= -2=	- [		CEASED-NAME First	Middle	Lost	20 DATE OF DEATH	2b HOUR
	de d	-1	(1	pe or print) FRedek	ink F	HUSSElbair	TAN 6	Day 10 19 8 00 AM
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	क के बेर			Male	White	JAN. /	8 18 98 lost birthday) yr	MONTHS CAYS HOURS MIN
_	hours n by s. P			IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
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	fille fille		10 C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR 1 give street address)		To USUAL OCCUPATION (Kind of work dan uring most of working life, even if retired	
	wit rba		11.	HPK THS V. HE	HAR. 1941	CN Kel	Stolle MASON	Kulding
	DHOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.  Funeral DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Property ahauld be filled with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 hour after death			sion) STATE Where deceos	13b. COUNTY ( HAPE)	13c CITY OR TOWN 13d INS	SIDE CITY LIMITS? 130. STREET AND NUMBER	N Rd-
	d co	7	14 F	ATHER S NAME First	Middle Last	IS. MOTHER'S MAIDEN	NAME First Middle	Last
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	and and and	Ī		WAS DECEASED EVER IN U.S. ARA			Address	
*	physician pense noval, and		Y	is, no, or upknown) (If yes give w	var or dates of service) 213 C/	8(21 MRS LOI	In Husselbaugh 11	MRECOTISCIAL MA
	he death cer attending p permit. The ian, ar remo			18. CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and (	91		APPROX MATE INTERVAL GETWEEN ONSET AND DEATH
	eatl endi nut. ar.r			PART I. DEATH WAS CAUSE!	ATE CAUSE (0) CORON	ART LUFAK	RCTION	MINUTES
	atto atto an,			4100	DUE TO, OR AS A CONSEQUENCE O	Ex.		1
	the the safe			Canditians, if any, which gove rise to immediate cause (a), (	(b) AS CV_	り		10772
	tha by tran			stating the underlying cause(	DUE TO, OR AS A CONSEQUENCE O	F ()	21/22 27	a ZAVES
	ysici ned rial- ial,	-1		lost.	() HYPER	TENSIVE AKE	DIO VASCULACII	3, 20//0.
	equires that the physician. signed by the compart properties to burial-transit properties.	_		PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1(0)	•
	ding ding seen the ar to	- 1	NO	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20g. AUTOPSY?	20h IE VES WEDE EINDING	S CONSIDERED IN CERTIFYING
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached for use as the burial-transit permit. Then pleas shauld be filled with the State Dept. af Health priar to burial, crematian, ar removal, and	λ	CERTIFICATION	190. DATE OF OPERATION 198.	CORDINOR FOR WILLTH OFFICE THE	YES T	NO CAUSES OF DEATH?	3 CONSIDERLY IN CERTIT 1180
	N: T			210 ACCIDENT WAS UNDERLYIN			D (Enter nature of injury in Port 1 ar Port	2, Item 18.)
		ı	MEDICAL	OR CONTRIBUTING CAUSE OF OEAT		DT 19		
	YSE nosp cert cert chec			21d INJURY OCCURRED 21e.		FACTORY.) 21f. LOCATION Street or R	R.F.D. Na. City ar Town	County Stote
	this this De			While Not while of work	POPPLE BUILDING, ETC.		10/11	10
	ING Dy ti ter ter tate	_		22a. I certify that (I) (th	is haspital) attended the deced	sed from 12-23	, 1960, to /- 6	19 <u>6</u> / , that (I) (we) last
	NND ed bed by Affid by Affid by Son			saw the deceased a	live on / = 6	19 4, and that in (my) (a	ur) apınıan death accurred an the	date and havr and from the
4	F F S S S S S S S S S S S S S S S S S S	- 1		22b SIGNATURE	e, (I) (we) (did) (did nat) view th	e bady after death.		2c. DATE SIGNED
	OR A DE RECIPION OF A STATE OF			22B Storbitoke	all M.	DEGREE PHYS.	MED STAFF D	1-7- < 9.
	AL (	;		22d PHYSICIAN S	1 11/1 1: 6:	22e. ADDRESS	· · · · // · · · · · · ·	
	SPIT 4 mc 4ERA Gr., 1			NAME (Type)	Mick, IR	Syk	cesville, 111d.	
	O HOS Page 4 direct shaul	2	230	BURIAL, CREMATION, 23b. REMOVAL (Specify)	42	F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	5-5-2	7	00	uruse 1	- 9-69 UZ			E WICI-
	VR A15 (4)		24.	FUNERAL DIRECTOR	Wist Like	111 1111	121 hom	
		A		May W	rung syrice	exer, Mel DATE	1969	7 7

. . . . \* . . . .

1	1	MARYLAND STATE DEPARTMENT OF HEALTH	× 144 .00
EOD CTATE			379
FOR STATE HEALTH-DEPT.	1.0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  DECEASED NAME TO FIRST MIDDLE MODEL  TO DATE KNOWN M	5- V - Is- + OUS
		Type or Print) OF ESTI	3.00
5 5 1 V	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (in years   f Jinder 14 ARS 2c DATE PRONOUNCED DEAD	19 69 A. M
2, ond 3 to PM3. Bege	' '	lost birthday) MONTHS DAYS HOURS MAN Month Day	Year 1 • 00
2, a PN Part	70	RIPTERPLACE (State or toroing 17% (ITIZEN OF MULET COUNTRY) TO MADDIED (TILEUED MADDIED OF TOTAL OF BEATM	19 69 грм
De De	COU	Maryl and U.S.A WIDOWED DIVORCED Carroll	Md
to te	10 (	CITY OR TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (IF not in haspital 12a USJAL OCCUPATION (Kind of work dane)	126 KIND OF BUSINESS OR
deoth any or Pages 1, 2, or with form PM the State Depart			NDUSTRY
Give Tar	13 a	USUAL RES DENCE (Where deceased Used, it institution: Residence before 13c CITY OR TOWN 13d INSIGE CITY LIMITS? 13e STREET AND NUMBER	
s offt 18. C	0	dmission) STATE A Vab. COUNTY Carroll Sykesville YES NO RD & RD	
within 24 hours ofter death pencil in Item 18. Give Pages kaminer's Office along with falle pages 1 and 2 with the State 72 hours ofter death	14-1	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 h	L	Unknown Christine	Jason
thin 24 and in principle pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS Yes, no, or unknown) (If yes give wor or dates of service)	
with pen xam xam 72 I		No No None Christine Jason Same As #	
should be executed with word "pending" in period the Chief Medical Examination or ony event within 72		B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ling' ling' edice		IMMEDIATE CAUSE (a) Interstitial Pneumonitis (DSII)	
ent p		Canditions, if any, which gave	
d 'p be Chie		rise to immediate rause (a) (b)	
oute Worn Worn he to		stating the underlying couse  DUE TO, OR AS A CONSEQUENCE OF	
he sh to t bur		(c)	
Try DICAL EXAMINER: This certificate should be executed within 24 hours offer death ry, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, eral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form be retained for your files.  RAL DIRECTOR: Page 3 should be used as buriol-transit permit. File pages 1 and 2 with the State Deprior to burial, cremation, or removal, and in any event within 72 hours often death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rrtifi varc	¥0I	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
for for em	WEDICAL CERTIFICATION	WAS PERFORMED?	YES TO NO
ficat ficat be d be	CERT	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	
NER: e certil should files. 3 shoul	SE	PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH P M 19	
sho asl	MEC	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
bical EXAMINER: se execute the certi- rctor. Poge 4 should ned for your files. ECTOR: Poge 3 should burial, cremotion,		WHILE NOT WHILE factory, office building, etc.)	
L EXA cecute Poge for you R. Pog		22a   certify that I taak charge of the remains described above, held an Autopsy [X], Inspection [], Inquiry []	end in my apin an
bur Cod		death resulted fram: Natural causes [X], Accident [_], Suicide [_], Hamicide [_], Undetermined manner [	
pleose direction direction of to billion to billion or to		CHIEF MEDICAL EXAMINER	
AL P		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATES	
PUT SSORI UNDE NER Sh		EXAMINER'S Werner U. Spitz, M.D.  ADDRESS(Street rith Journel County)	1/19/69
necessory, please execute the the funeral director. Page 4 sh 5 may be retained for your fit to funeral DIRECTOR: Page 3 Health prior to burial, cremo	-	NONE (Type)	
5 = ± ~ 5 ±	230		(Caunty) (State)
	78	FUNERAL DIRECTOR  ADDRESS  ADDRESS  250 REC D BY REGISTRAR 250 REGISTRAR 5.5	
VR ATSME IN		C. M. Waltz, Box 241, Sykesville, Md. DATE 444 04 4000 Officer	A. O. day
10M REV 1/49		JAN-2-1 1969 July	An Ambarra



2	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	06330
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH, DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Type or Print) OF ESTI	Doy Yeor 2b HOUR
二日日	L.	FMANUEL SEFFERSON DEATH MATED -	4- 1964 4:084
9 9 9	3. 5	last bythical MONTAS DAYS MONTS MIN	Yeor 26 4 20
PM3, and		male Negro III-UD-2/ 41 yrs	1967 75 M
0		BIRTHPLACE (State or fore gn 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED  9. COUNTY OF DEATH	
es l forr te [		Many and 3 U.S.A.   WIDOWED   Carroll	Md.
death we Pages y with for the State		and street address and the second sec	12b KIND OF BUSINESS OR INDUSTRY
The second		Akesville Strids letd place nosbiggt bostst embronee	MODSIKI
# 5 E F	130	JSJAL RESIDENCE (Where deceased Lyd, funstitution Residence before 13c CITY OF TOWN 7 13d MISTOR CITY LIMITS? 13e. STREET AND NUMBER	
8 % 8 kg	Lia	om swol State V6 COUNTY — Paltimore YE X NO □ 1123 Druid Hill	Ave.,
Jehous after lends after Office along	14. i	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
244 in H		Nalichi Jefferson Inez Hare - dec.	
hin 24 noth in niner's pages havrs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
l within n pencil Examine File pag	(	Yes V. J. 19-44-4-5-46 217-22-3710 Springfield State Hospital Recor	rds
ould be executed will vard "pending" in pe ne Chief Medical Exar all-transit permit. File any event within 72		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted iding" i Aedical permit.		PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (0) Pronchopreumonia, right lung.	davs
pe execut pending" lef Medico nsit permi		425 V DUE TO, OR AS A CONSEQUENCE OF	
be "pe "pe iief iief eve		Conditions, if any, which gave	
Bigging Art Art		rise to immediate cause (a), {     storing the underlying cause {         DUE TO, OR AS A CONSEQUENCE OF	
the tries of the t		(st. Status erl pticus.	hours
XAMINER: This certificate shauld be executed within 24 thours after death te the certificate, writing the ward "pending" in penal in Item 18 Give Pages 1, ge 4 shauld be forwarded to the Chief Medical Examiner's Office along with form your files.  Sayour files, should be used as a burial-transit permit. File pages land 2 with the State Discremation, or remayal, and in any event within 72 haurs after death		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fita ing rdec as	2		
writh wall sed ava	MI I	19a. DATE OF OPERATION 19b. COND.TION FOR WH.CH OPERATION	2D. AJTOPSY?
for the rem	I E	WAS PERFORMED?	YES X NO
MRR: This certificate, write e certificate, write shauld be forwar files.  3 should be used action, or remova	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, He	m 18.)
and	I S	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
	MEE	21d .NJURY OCCURRED 21e P.ACE OF INJURY (At home, form, street, 21f LOCAT ON Street or R F D No. City or Town	Caunty State
CAL EXAMINER: execute the cert or. Page 4 shault of for your files. CIOR: Page 3 shou		WHILE MOT WHILE I factory, affice building, etc)	
Pag Pag		22a   certify that I taak charge of the remains described above, held an Autapsy 💢, Inspection 🔝, Inquiry 🔲	, and in my apinian
ICAL E executor. Paged far CTOR: P burnal,		death resulted fram: Natural causes . Acadent . Suicide . Hamicide . Undetermined manner	
please direct direct refame or tall or tall		CHIEF MEDICAL EXAM.NER	_
y, please refain direct RAL DIRE		ACTUAL AC	IGNED . COS
EPUTY SSary, P funeral ay be r SNERAL Ith prid		DEDITY AFFICAL EVALUATED W	1-5-67
D DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 45 may be retained for your 5 funeral Directors. Page Health prior to burial, cren		NAME (Type) W. Glenn Speicher, P.D. ADSISTED ENDOWS TO THE PROPERTY OF THE PRO	free stea
to DEPUTY necessary, the funera 5 may be 70 FUNERA Realth pr	230	BURIA. CREMATION 1836 DATE 234 NAME OF CEMETERY OF CREMATORY 238 LOCATION CLAY OF TOWN	GOUSTON PRINCIP
-	7	AMOVA (Specify) Vall & 1469 Dattering Patients Butterien in	16
	24	FUNERAL DIRECTOR 250 RECOL BY REGISTRAR 256 REGISTRARS S	IGNATURE
VR ATSME ST	1	war fungide 140 11 ball Paragram Res , DATE AN 14 1500 person	ca judge
IDW XEY I POOD		Just I was start market in the	-4-4

	3068		301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	00681
	DECEASED NAME First	M ddle	Lost	20. DATE OF DEATH	2b. HOURD
П	(Type or print) BEAT.	RICE HENNERITA	KANE	JANUARY 16. 1	969 Yeor 3:05 M
3.	Female	4. RACE White	S. DATE OF BIRTH  S. DATE OF BIRTH	6. AGE (In years last biptiday)  7 YRS.	IF JNDER . YEAR IF JNDER 24 HRS. MONTHS DAYS HOURS M.N.
70 co	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED  NEVER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH Carroll	Md
1	CITY OR TOWN OF DEATH Sykesville	II. NAME OF HOSPITAL OR IN: give street oddiess) Springfield	State Hospital during the state Hospital	UAL OCCUPATION (Kind of work done most of working life, even if retired )	126 KIND OF BUSINESS OR INDUSTRY
13e	n. USUAL RESIDENCE (Where decear nission) STATE Maryland	sed lived, if institution: Residence before 3b. COUNTY Allegany	13c CITY OR TOWN 13d INSIDE CITY	IN 157 130. STREET AND NUMBER 1447 Williams	St.
14	FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME	First Middle	Last
L	John	Harm		lva	Runk
16	WAS DECEASED EVER IN U.S. AR	une ne data, al samual		Address	
L	Yes, no, ar unknown) (If yes give	214-07-2	580A Records, Spri	ngfield State Hos	pital
	18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), and (c)	)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
П	PART 1. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (a) Acute perite	onitis and mesente	ric thrombosis	Dav
		DUE TO, OR AS A LONSFULIENCE OF			
L	Conditions, if any, which gave	Bight iliac	artery thrombosis		Days
П	rise to immediate cause (a), stoting the underlying couse	1 7			
П	lost.	(c)			
l	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART I(o)	
NO	19g. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g. AUTOPSY?	20b If YES, WERE FINDINGS C	ONCIDEDED IN CERTIFYING
CERTIFICATION	170. DATE OF OPERATION 170		YES K NO	CAUSES OF DEATH?	
MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	iner) HOUR A.M. Month Day Year P.M.		er nature of injury in Part 1 or Part 2,	
20	White Nat while	PLACE OF INJURY ( AT HOME, FARM, STREET FAIL OFFICE BUILDING ETC.			County State
	22a. I certify that (I) (the sow the deceased courses stated above	nis hospital) attended the decease alive on 1-16-69 e, (1) (we) (did) (did not) view the	ed from <u>7-26-67</u> , 19 9 , and that in (my) <u>(our)</u> of body after death	ta 1–16–69 , 19 Dinion death occurred an the da	te ond hour and fram the
П	22b. SIGNATURE	e, (i) (we) (did) (did noi) view me	441	22c	DATE SIGNED
	agustin	i del Campoi		MED STAFF DIRECTOR PHYS	1-17-69
	22d PHYSIC MS NAME Type) A g	ustin del Campo, N	. D. Syk	ringfield State H esville, Maryland	
23			CEMETERY OR CREMATORY  's Episcopal Cemet	23d LOCATION (City or Town)	(County) (State) Penna
24	FUNERAL DIRECTOR	ADDRESS	250. RECD	BY REGISTRAR 256 REGISTRAR S	SIGNATURE
	Silcox-Merritt	Funeral Service C	umberland, Md DAIL	: 3 1 1969 years	and Junge

MAKITAND STATE DEPARTMENT OF DEALLY



6		DIVISION OF VITAL RECORDS,	U SIAIE DEPAKIME				_
	36687		ERTIFICATE OF D		E, MAKILAND 2 20	3008	2
	ECEASED NAME First	Middle	Last		DATE OF DEATH		2b. HOUR p
[]	Type or print) HENRY	VERNON	KELLER,	JR.	Month Doy	Year 69	אף יייירן
3. SE	EX	4. RACE	S DATE OF BIRT		6. AGE (in years last buthday)	F UNDER 1 FEAR	F UNDER 24 HRS
	Male	White	01/09/	10	last bighdoy) YRS.	MONTHS DAYS	HOURS MIN.
70 E	BIRTHPLACE (State ar foreign 71	CITIZEN OF WHAT COUNTRY?	B MARRIED NEVER MARRI	ED 9. COL	INTY OF DEATH		
Eaun	Mary and	U.S.A.	WIDOWED DIVORC	ED 🔀	Carroll		Md.
10. C	CITY OR TOWN OF DEATH  year sville		State Hosp.	120 USUAL OCCI during most of the	JPATION (Kind of work dane working life, even if retired.)	126 KIND OF B	USINESS OR
13a odmi	USUAL RESIDENCE (Where deceosed ission) STATE Paryland	hved, if institution: Residence before 13b. COUNTY		YES NO P	West "K" Str	reet, 21	219
	FATHER 5 NAME First	Middle Lost	15. MOTHER S MAIL		Middle		Last
	Henry	Vernon Kelle		Sarah		Ru	nk
160. Y	WAS DECEASED EVER IN U.S. ARMED (es, na, ar unknown) (II yes give war o	FORCES? 16b. SOCIAL SECURITY N and dates of service) 214-05-412		al recor	Address ds		
	IB. CAUSE OF DEATH (Enter anly	one couse per line for (a), (b), and (c).)					ET AND DEATH
	PART I DEATH WAS CAUSED E IMMEDIATE	(AUSE (a) Uremia				da	ys
	4404	DUE TO, OR AS A CONSEQUENCE OF					
	Canditians, if any, which gave )	(b) Pyeloneph	ritis			mt	hs
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF					
	lost		d arterioscle			yе	ars
		TIONS CONTRIBUTING TO DEATH BUT NO					
공		with arterioscle					
RTIFICA		NDÍT(ON FOR WHICH OPERATION WAS PER	YES 🔀	NO 🔲	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?		TIFYING
	21 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH (If either, natify medical examiner	21b, TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19		RRED (Enter notur	e of injury in Port 1 or Port 2, 1	Item 18)	
M	21d INJURY OCCURRED 21e Pt While Nat white 2 tot work of work	ACE OF INJURY ( AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	TORY.) 21f LOCATION Street		City or Yown	County	State
	22a. I certify that (1) (this saw the deceased alive causes stated above, 1)	haspital) attended the deceose e on 01/21 I) (we) (did) (did:nat) view the f	ed from Jan O 9 2, and that in (20), body after death.	6_ , 19 <u>69,</u> ) (our) opinion :	taO_UZZ, 19_death accurred on the do	69 , that ( te ond hour a	PS (we) lost nd from the
	22b. SIGNATURE Silv	a Ozpung	DEGREE PHYS	DIRECTO	STAFF 🔀 22c. C	DATE SIGNED 01/21/69	)
	22d PHYSICIAN S NAME(Type) Suha	Ozgun, M.D.	22e ADOR		State How ital	, Sykes.	,Md.
230 /R.	BURIAL, CREMATION, 23b DA REMOVAL (Spec Fy)	13-69 DRUI	CEMETERY OR CREMATORY	1	LOCATION (City or Town)	(County) BA/20.	(State)
24	FINERAL DIRECTOR	ADDRESS Bar. Ba	5/1	DATE 128			



_	MARYLAND STATE DEPARTMENT OF HEALTH	
	0068 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	683
	CERTIFICATE OF DEATH	603
= -2=	ECEASED NAME First Middle Lost 20. DATE OF DEATH	2b HOUR
deo ond ond	Type or print) Ar / CNC MAY KOPP JAN Month 13 196	or 1755
after he fu yes l		YEAR IF UNDER 24 HRS OAYS HOLRS MIN
urs Page th		
4 ho	BIRTHPLACE (Stote or foreign 76 C.TIZEN OF WHAT COUNTRY? 8 MARRIED PREVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED CONTROLL	44.4
filled pap	CTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital ) 20 USUA OCCUPAT ON (Kind of work done 112), KIP	ND OF BUSINESS OR
Popular Popula	Linebaro Sthurch ST Haurensh	RY
requires that the death certificate be executed within 24 hours after deoth. g physician.  signed by the attending physician and completely filled in by the funeral burial-transit perhalit Theoremove carbon papers. Pages I and 2 burial, cremation, or removal, and in any event, within 72 itaurs after death.	USUAL RES DENCE (Where deceosed myed, of institution Residence before 13% (ITY OR TOWN 13d INS.DE (ITY LIMITS) 13e. STREET AND NUMBER 13sion) STATE YES NO STATE STATE 13b. COUNTY Curroll dincharis	<del>/-</del>
te death certificate be executed at the diagraphysician ond copernit There please remoon, or removal, and in any	FATHER'S NAME OF 115t Middle Lost IS MOTHER'S MADE FIRST Middle Lost Lost STATE STATE OF STATE S	Lost
ate t	WAS DECFASED EVER IN U.S. ARMED FORCES? 16b SOCIA. SECURIO NO 17 INFORMANT Lengra Address	dly
physical phy	(es, no, or unknown) (If yes give wor or dates of service) 179-20-6513 Lineband Md	
# ( # e e e e e e e e e e e e e e e e e	PART - DEATH (LINE) ON Y DIE LOUSE PER FINE IOF (5) (0) ONG (5))	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
dea n, o, n	MMEDIATE CAUSE (o) CACONSTOURNESS OF	Months
at the c the att	Conditions, fony, which gove)	
that an. by 1 rons crem	rise to immediate cause (a).  stoting the underlying couse  DUE TO, OR AS A CONSEQUENCE OF	
equires that th physician. signed by the burial-transit p	lost. (c)	
SPITAL OR ATTENDING PHYSICIAN: The fow requires the 4 moy be retained by the hospital or ottending physician.  IERAL DIRECTOR: After this certificate has been signed by or, page 3 should be detached for use as the burial-troid be filed with the State Dept. of Health prior to burial, cre-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
e fov trendi ss be os t prior	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH?	IN CERTIFYING
두 2 로 S 독	YES NO ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21C HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, item 18)	
CLAN iffol iffice if He	OR COMPR BUTING CAUSE OF DEATH (If either, notify medicol examiner)  AMM. Month Doy Yeor 19	
HYSI hosp s cert schec	21d IN JRY OCCURRED 21e PLACE OF INJURY / AT HOME FARM, STREET, FACTORY, ) 21f INCATION Street OF RED NO. City of Town	Stote
G PI the rthis det te De	at work of work	
DIN A by Afte I be	220. I certify that (1) (this haspital) ottended the deceased from 3/3 , 195, to 1967, saw the deceased of ve an 1967, and that in (my) (our) opinion death occurred on the date and h	that ((we) last
OR: h th	couses stated above (1) (we) (gra) to a not) view the body after death	ous drib from the
RECT	226 SIGNATURE WITHOUTH OARD MED DEGREE PHYS DIRECTOR DEGREE PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR	10
IAL (Oy by Doge e file	22d. PHYSICIAN'S 24, 11 2 22e. ADDRESS 2341 Man St. /	1/2 -
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 moy be retained by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate hos been director, poge 3 should be detoched for use as the should be filed with the State Dept. of Health prior to the state Dept.	NAME (Type) W. Hro Ard M. D Marchester, Md 2	1102
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		MARYLAND STATE DEPARTMENT OF HEALTH	
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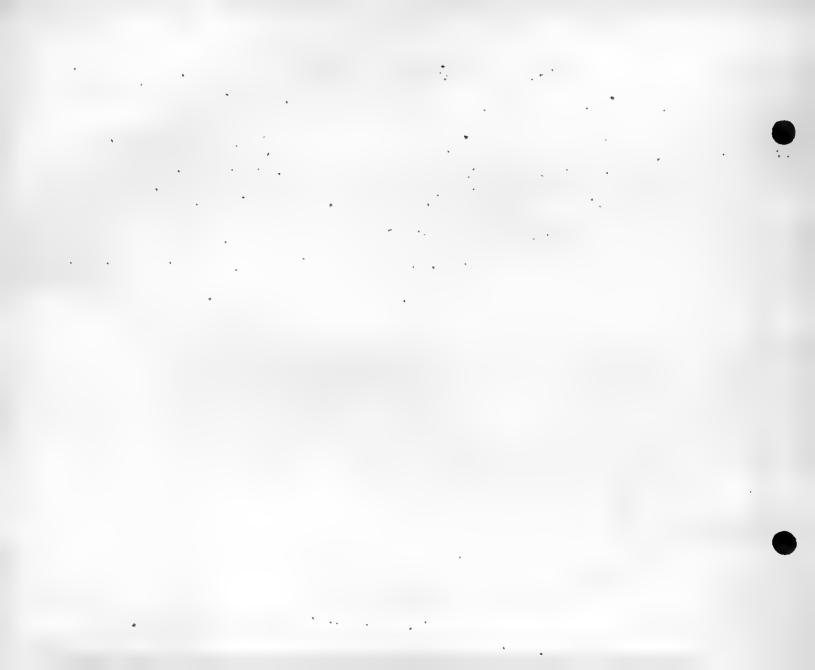
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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	66685
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d se se	-	GEORGE CROXTON L.GRACE E. HUSK	
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# Adams	<u></u>	es, na, or unknown) (11 yes give war or dories of service) 120-18-2874-A MRS PAMELA RIDGEWAY	ADIRESS
5 5 E		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROX MATE INTERVAL BETWEEN, ONSET AND DEATH
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OR ATTENDING be retained by the IRECTOR: After the 3 shauld be deed with the State	Н	22a. I certify that (1) (this haspital) attended the deceased from AN 8, 1961, to 20, 12, 196	T, that (I) (we) last
d b d b d b d b d b d b d b d b d b d b		saw the deceased glive an 1969, and that in (my) (see) applied by a coursed on the date	and haur and fram the
Se line and the second		causes stated abave_( ) (we) (did nat) view the bady after death.	1
A S D S T		226 SIGNATURE ATTENDING MED STAFF 220 DAT	TE SIGNED/
OR De 3		DEGREE PHYS. DIRECTOR PHYS.	12/69
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G 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		NAME (Type) H-CIARICOFE M.D UNION BRIDGE, MD.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. at Health prior ta burial, crea	23a	BURIAL, CREMATION, 23b. DATE / 23c. NAME OF CEMETERY OR CREMATORY J. 23d LOCATION (City or Town)	(County) (State)
Page dir	1	SEMPLY SPECTY) 1/14/69 MEADON BRANCH CEM NESTON	ICTER MD
	24	EUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	GNATURE -
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1	MARYLAND STATE DEPARTMENT OF HEALTH
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	CERTIFICATE OF DEATH 06686
ed in by the funeral papers. Pages: 1 and 2 n 72hoùrs after death.	DECEASED NAME (Type or print) CIARIS RITHA LUDWIG TAN, Month 27, 1969 SP M
coffer	Female. 4 RACE S. DATE OF BIRTH AUg. 20, 1939 6 AGE (In yeors lost birthday) MONTHS DAYS HOURS MIN
7	a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  1.) < 1
Ī	0 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital  12a USUAL OCCUPATION (Kind of work done during most of working if e, eyen f retired.)  13b Kind of Business or during most of working if e, eyen f retired.)
	30 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER dmission) STATE Md. 18b. COUNTY CARROLL Sykesvile YES NOW OAKLAND ROAD
1	4. FATHERS NAME First Middle Lost Is MOTHERS MAIDEN NAME FIRST Middle Lost Lost LAWRENCE Elton Ludwig Christina I. Ludwig
	160 WAS DECEASED EVER IN JS ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Address MR LAWFERCE LUDWIG - SYKE SVILLE, Md.
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
	Conditions if any, which gave is to immediate cause (a), storing the underlying cause lost  (b) Carcinoma of Carviy  DUE TO, OR AS A CONSEQUENCE OF  (c)
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
3	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES NO RE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21b. TIME OF INJURY 12b. TIME OF INJURY 12b. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)  3 On Convix some County of Death HOUR A.M. Month Day Year (If either, notify medical examiner)  4 Indiany OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)  5 Out of Death HOUR A.M. Month Day Year 21d. HOURING FARM STREET, FACTORY.)  21d. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
-	21d INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote of work of work
	22a. I certify that (I) (this hospital) attended the deceased from 4-4-34, 19, 19, ta/-27-659, that (I) (we) last saw the deceased alive an 1964, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the body after death.
1	226 SIGNATURE 2. D. Caples DEGREE ATTENDING DIRECTOR DISTAFF D
Snauld be filed with the state Dept. of	22d. PHYSICIANS NAME (Type) D. D. CAPLES, M.D. 22e. ADDRESS 6 Handler Rand. 21136
L	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)  AREMOVAL (Specify) 1-30-69 LAKE VIEW CEMETERY SYKESVILLE CAROLI Mcl
	24. FUNERAL DIRECTOR LOS HOLDESS LO MA 250 REGISTRAR 250 REGISTRAR'S SIGNATURE MA DATE IAN 3 1 1969 JULIANIES SIGNATURE

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,		MARTLAND STATE DEPARTMENT OF HEALTH
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icat pleci		(as, no, or upknown) (If yes give war or dotes at service) 212-07-7733 MARIT Bollo MILOS - JAMO
phy nen navo	H	
		1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  ON GESTURE VO.  APPROX MATE INTERVA.  BETWEEN ONSE AND DEATH  PART 1. DEATH WAS CAUSED BY.
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AL CAN	Ŀ	22d. PHYSICIAN'S . 22e. ADDRESS
SPIT 4 m Ver, or,	<u></u>	NAME (Type)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After th's certificate has been signed by the attending physician and completely filled director, page 3 shauld a detached for use as the aurial-transit permit. Then please remaye carbon pages shauld be file with the state Dept. of Realth priar to burial, cremation, ar remayal, and in any event, within	<b>2</b> 3 a	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City or Town) (Salnty) (State)
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VR 4 5 (4)	24.	FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS 1969 REGISTRAR SIGNATURE 1969 REGISTRAR SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 6.0689 00694 CERTIFICATE OF DEATH 1. DECEASED-NAME First albhiM Last 2n. DATE OF DEATH 2b. HOUR eve carban papers. Pages 1 and 2 y event, within 75 ms after death. e executed within 24 hours after death. (Type or print) Month Yeor CLAUDE WARREN MITTEN 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years iast burthday) PHENOM SEPT. 21, 1889 MALE WHITE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) MARY LAND CARROLL COUNTY U.S.A. WIDOWED DIVORCED [ burial, cremotian, ar remaval, and in any event, within 7 IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR g ve street oddress) during most of working life, even if retired ) INDUSTRY WESTMINSTER CARROLL CO. GEN. HOSPTTAT. 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY and map 276 EAST MAIN STREET YES NO 🗌 MARYLAND 14. FATHER'S NAME Middle Last IS, MOTHER'S MAIDEN NAME First Middle Last WILLIAM W. MITTEN LAURA SLONAKER TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital or attending physician. 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT 16) INTERTY ST. Yes an or unknown) MRS DALE E. WEAVER 05 5326 WESTLITINSTER. 1D APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ventricular fibrillation Indiac-arrest -30 mil IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Congestive Hart Failure signed by the burial-transit p Conditions, if ony, which gave ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes CVD last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) far use as the b f Kealth priar ta b 10 FUNERAL DIRECTOR: After this certificate has been 19m DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [T] YES [T 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CALISE OF DEATH HOUR A.M. P.M. Month Doy Year director, page 3 shauld be detached I should be filed with the State Dept. af (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State City or Town County While Not while at work June , 1967, to. 22a. I certify that (I) (this haspital) attended the deceased fram... couses stated above, (1) [we] (did not) view the body after death. 22b SIGNATURI 22c DATE SIGNED STAFF Jan. 16, 1969 DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BURIAL CREMATION. (County) (State) REMOVAL (Specify)
Burial Westminster Cemetery Westminster, Carroll Md. 1969 Thomas D. Fletcher Funcral Home Westminster, Md. DAN DAY 25 1969 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68



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11	3 3 6 9 5 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
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death and death	(Type or print) Ch Arles Alovskys Murk JAN Marth 25 1969 8A M
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	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	Item 11 Film3408 1/10/69 ts CERTIFICATE OF DEATH
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Pag o sign	Burial Jan. 4. 1969 St. Peters Cemetery Hampstead, Md.
VR A15(4)	24. FUNERAL DIRECTOR ADDRESS 250. RECLAMEGISTRAR 355 REGISTRARS SIGNATURE
30M REV LOSS	Tipton - Eline Funeral Home Hampstead Md. DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 20693 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2a. DATE OF DEATH First 2b HOUR PHYSICIAN: The law requires that the death certificate be execated within 24 hours after death. ampletely filled in by the fungial (Type or print) Yeor 3. SEX 4. RACE DATE OF BIRTH IF JNDER 1 LAR IF UNDER 24 HRS. 6 AGE (in years last birthday) MONTHS DAYS HDURS 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED (auntry) DIVORCED [ WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in bospito) 120 USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address during most of working life, even if retired.) **INDUSTRY** event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INS DE CITY WHITS? 13e STREET AND NUMBER adm ssian) STATE 13b COUNTY 1/6.1/12 remo burial, crematian, ar remaval, and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME FIRST Middle Last Lost signed by the attending physician and burial-transit permit. Then please rem 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates at service) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN DISET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF by the haspital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been as the State Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? far use YES T NO 🗀 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) 215 TIME OF INJURY or contributing cause of DEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Year detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State City or Town County While Not while at work TO HOSPITAL OR ATTENDING Page 4 may be retained by the 22a. I certify that (I) (this haspital) attended the deceased from 1965, and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22b SIGNATURE ATTENDING MED DIRECTOR STAFF DEGREE 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 23g. BURIAL, CREMATION, 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR AT THE 1969 DATEA N

MARYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH
	OF SET IFICATE OF DEATH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  OF SET IFICATE OF DEATH
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	MAKYLAND STATE DEPARTMENT OF HEALTH					
5	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
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d o l o d o for far		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M Month Day Yes	T I THOW INJUST OCCURRED (E)	nter nature of injury in Part 1 or Part 2,	Item 18.)
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Page 4 may be retained by the haspital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then ple should be filed with the State Dept. af Health priar to burial, crematian, ar remayal, a	<b> </b>	21d INJURY OCCURRED 2)e While Not while at wark	PLACE OF INJURY ( AT HOME FARM, STREET, F OFFICE BUILDING ETC	ACTORY.) 21f LOCATION Street or R.F.D	Na City or Town	County State
VG therefore		220 Leastify that (I) (th	s hasnital) attended the decea	cod from 1/13 19	160 to 1/17 10	69 that (i) (wa) last
DIN J by After J be	22a. I certify that (I) (this haspital) attended the deceased fram ///3 , 19.69, to ///7 , 19.69, that (saw the deceased alive an ///2 19.62, and that in (my) (aur) apinian death accurred an the date and hour an (auses stated player (I) (we) (did) (did not) view the hody after death					ate and hour and from the
The Spirit	causes stated abave, (1) (we) (did) (did not) view the bady ofter death.					
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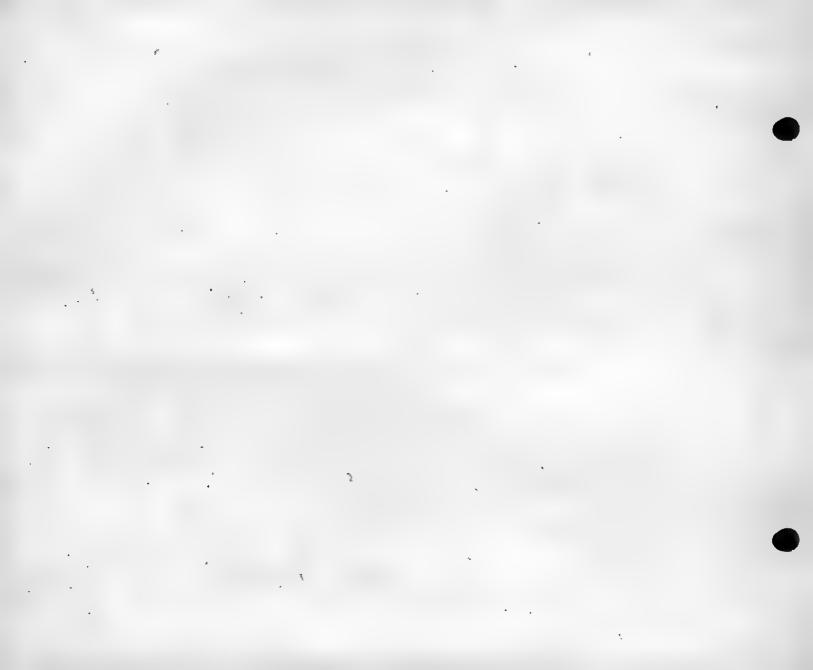


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PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the haspital ar attending physician. The law certificate has been signed by the attending physician and camplately filled in by the funeral stacked for use as the burial-transit permit. Then please remaye carbon papers. Pages I and 2 Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death.	10 CITY OR TOWN OF DEATH	nive street oddress)	during m	AL OCCUPATION (Kind of work done ost of working life, even if retired) Lacksmith	126 KIND OF BUSINESS OR INDUSTRY
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equires that the death certificate be execphysician. signed by the attending physician and a burial-transit permit. Then please remabural, cremation, ar remayal, and in any	18 CAUSE OF DEATH (Enter o	my one cause per line for (o), (b), and (c			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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The affi			YES NO	CAUSES OF DEATH?	
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should be executed with word "pending" in period the Chief Medical Examurial-transit permit File in any event within 72	-	B CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c))/	APPROXIMATE INTERVAL
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and in ony ev	14	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
ipu	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO ]17. INFORMANT Address Address SAME
	L'	es, no, or unknown) (If you give war or dates of service) 220-26-5855 MRS LEVIT-WAGNER, ADDRESS
ешо		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY.  LTT CFDFQ DATE  THO CAUSED BY.
10,0		IMMEDIATE CAUSE (a) TO LE LE REPOSITION DE LA CONTROL DE L
atior		Conditions, if any, which cave)
buriol, cremation, or removol,		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
, E		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
X	l_	TAKE 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RECEIVED TO THE TERMINAL DISEASE OR CONDITION OF THE TRACE TO
X	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)
	MEDICAL	(If either, notify medical examiner) P.M 19 21d INNINY OCCUPATION Steed on P.E.D. No. 19 County State
		at work — at work —
		22a. I certify that (I) (this hospital) attended the deceased from JAW, 1965, to JAW, 1969, that (I) (we) lo saw the deceased alive an JAW, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the
)		couses stated obove, (1) (we) (did) (did-not) view the bady after death.
1		226 SIGNATURE DEGREE ATTENDING MED STAFF 22c DATE SIGNED LEGREE PHYS. DIRECTOR PHYS 30-69.
		PHYSICIAN'S NAME (TYPET DANIEL I WELLIVEN 220. ADDRESS U. ESTMINSTER MARYLAND
SHOOM DE HIEU WHILL HE	23 <b>d</b>	SURIA, DEFMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) (State)
	24.	FUNERAL DIRECTOR ADDRESS 250 RECISTRAR 25b. REGISTRAR 5 SIGNATURE
		J-2- myer, prestnusser, Md. DAREB 4 1969 Comos July

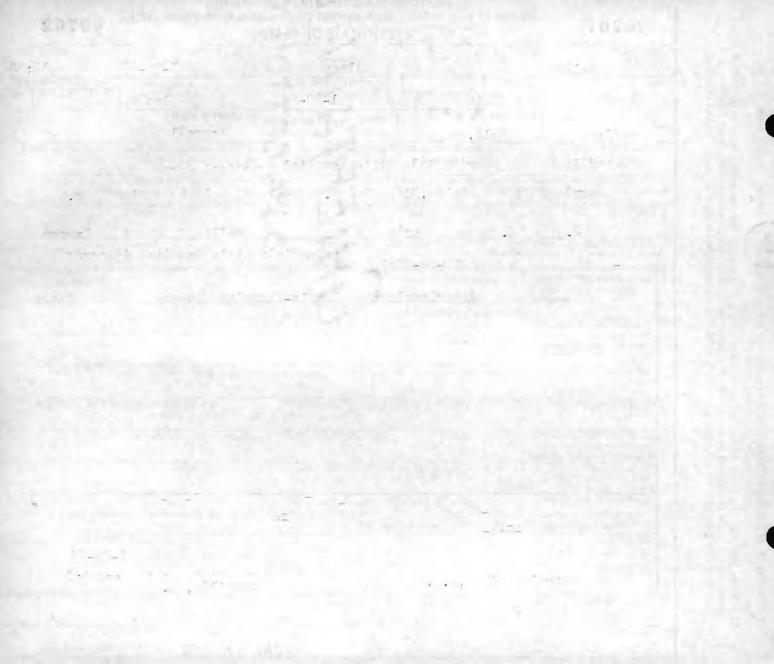
MAKTLAND STATE DEPARTMENT OF HEALTH



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	Þα	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30701
	Ľ	CERTIFICATE OF DEATH
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mpletely e carbar vent, w	13a	USUAL RES DENCE (Where deceased lived, if institution, Residence before 13c CITY OR YOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
E 9 8	odm	MISSION) STATE YLAND 136 COUNTY CARROLL WESTMINSTERYES NO 112 BOND ST.
and com	14	FATHER'S NAME First Middle Jost IS MOTHER'S MAIDEN NAME First Middle Lost
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ate b	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 116b SOCIAL SECURITY NO / INFORMANT Address
icate b sician please il, and i		Yes, na, ar junknown) (If yes give war or dates of service)
phys	<u></u>	NO X17-28-0381 PMU, WILDISTAY VIES/MINS/EX
9 PT E		18 CAUSE OF DEATH (Enter only one couse per line for(a) (b), one (c))
ndi dat	1	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (G) Ale shotes mellules c Langarene 2-64-18
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equire physic signec burial		PART 2 OTHER SIGN EXCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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The law attendin has bee se as the th prior t	CERTIFICATION	TYOU DATE OF OPERATION THE CONDITION WHICH OPERATION WAS PERFORMED TOO. AUTOFAT (CAUSES OF DEATH)?
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YSICIAN: osp.tal or certificate hed far u		
<b>3</b> 8444	MEDICAL	(If either, not fy medical examiner) PM 19
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OR ATTENDING PH be retained by the h DIRECTOR: After this ge 3 should be detail led with the State Dep		While Not while of work of wor
ENDING ned by the R. After old be d the State		22a. I certify that (I) (this haspital) attended the deceased from Ullimber 1964, to Ullimber 3, 1969, that (I) (we) last
A P P P P P P P P P P P P P P P P P P P	1	saw the deceased alive op 1967, and that in (my) (aur) apiman death accurred an the date and haur and fram the
DE TEN		causes stated above [1] (we) (did) (did nat) view the bady after death
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01.1	1 0	ECEASED-NAME First			Middle	EKIIFIC	ATE OF		o. DATE OF	DEATH			Lat House	
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offer softer softer	3, 5	Female	4. RACE White			S. DAYE OF BIRTH 1-18-69			6. AGE (In years last birthday)	IF UNDER I		IF UNDER 24 HRS, HOURS MIN.		
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din o		J.	J.		Renni		-	Ŋ	ellie		Barron			
equires that the death certificate be exerphysician. signed by the attending physician and a burial-transit permit. Then please remoburial, cremation, or removal, and in any		was deceased ever in u.s. ar.	AED FORCES?	ryvce)	b. SOCIAL SECURITY N		NFORMANT Spring	Field St	ate H	ospital (F				
ng p The emo		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly ane cause	per line f	iar (a), (b), and (c).)						Đ.E	APPROXIMATWEEN ON	ATE INTERVAL SET AND DEATH	
ne death cei attending p permit. The		PART I. DEATH WAS CAUSE IMMEDI	) BY: ATE CAUSE (a	)A	rterioscl	erotic	. Cardi	o-Vascul	ar Di	sease		Ve	ars	
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the matin		Canditions, if any which gave rise to immediate cause (a),		b)										
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	7	PART 2. OTHER SIGNIFICANT CO	IDITIONS COL	NTRIBUTING	G TO DEATH BUT NO	T RELATED TO	THE TERMINA	L DISEASE OR COND	ITION GIVEN	IN PART 1(a)				
AN: The law requires tho of or affection physician icate has been signed by for use as the burial-trail Health prior to burial, cre	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY?  YES NO (X)  OCCUPANTION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY?  YES NO (X)							ONSIDERE	D IN CER	RTIFYING			
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RATENDING PHYSICIA retained by the hospital ECTOR: After this certifical S should be detached fo with the State Dept. of H	MED				HOME, FARM, STREET, FAC FICE BUILDING, ETC.		OCATION Street	et or R.F.D. Na.	City	ar Tawn	County		State	
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OR A DIRECT SIRECT SIRE		226 SIGNATURE	22.	no	Cha	COKGI	ATTENDI	NG MED.	TOR .	23472	DATE SIGN -25-			
TO HOSPITAL OR Poge 4 moy be re to FUNERAL DIRECTOR, page 3 director, page 3 should be filed w		22d, PHYSICIAN'S NAME (Type) Anto	nlus C	Clahn	sub.		22e. ADE	Sykes	gfiel	d State He	ospii	tal		
TO HOSPITA Page 4 mo O FUNERAL director, p should be	23a.	BURIAL, CREMATION, 23b.	DATE	10	23c. NAME OF	5 1.		23		N (City or Town)	(Count		(State)	
5-5-0	1	FUNERAL DIRECTOR	200	67	1 ADDRES	natie	ld Cen	250, RECD BY RE	CISTRAD	25b. REGISTRAR'S	SIGNATU	DE V	NCI-	
30M REV 180	24:	Harry W. X	right	Add	glasille	Mo		DATEJAN 2					Pite.	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20 DATE KNOWN Month (Type or Print) LUCILLE Poge DEATH MATED 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2, on. 7-29-16 white Female. YRS 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form U.S.A. Maryland WIDOWED [ DIVORCED [ Carroll 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Springfield State Hospital during most of warking the Tven it directly the state of the second the second than the second that the second than the second than the second than the second that the second than Sykesville 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR 1945) 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Baltimoré YES TOO NO 509 E. 35th St. land 2 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First William Cullum Julia Hasley 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) 214-30-2562 Records- Springfield State Hospital APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Site of origin Canditions, if any, which gave rise to immediate couse (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Schizophrenic reaction, chronic undifferentiated type. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES TO 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote factory, affice building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy 17, Inspection, Inquiry , and in my apinian death resulted fram: A Natural courses (1) Accident . Suicide . Hamiside Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may O FUNE Health W. Glenn Spricher, M.D. bissis modera NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) REMOVAL (Specify) Southern Cemetery 1/28/1969 Dublin Buria York Rd. ADDRESS 250. REC'D BY REGISTRAR Home?

TANK RUMBER TRANSPORT the state of the s FOR THE PARTY OF T